

Application for Assisted Collections

You may be eligible for assisted collections if you are unable to move your refuse and recycling bins to your property boundary for collection due to a debilitating condition and there is no one living at your address able to do so.

If you require temporary assistance, due to a stay in hospital or a recovery period, please ensure Section C is completed along with all other sections.

This is a limited service and only available to residents with a debilitating mobility problem or health condition.

Names of all applicants:.....

.....

Address:.....

Postcode: Telephone number:.....

In order to process your application, your GP must complete section E of this form for all applicants. This must include details of your mobility or health issue, be signed and bear the stamp of the practice. If you wish, you may provide additional documents to support your application. Applications received without section E completed will not be processed.

Please note that we may conduct a home visit as part of your assessment

Section A:

Please give brief details of why your condition prevents you moving your bin to your property boundary for collection:

.....

.....

.....

.....

Section B:

I require help with (please tick as appropriate)

Bins: Refuse ☐ Green ☐ Brown ☐ Blue ☐

Is there anyone else living at the property who is able to move the bins to the property boundary for collection?

☐ Yes ☐ No

Section C:

☐ I/we only require temporary assistance

Please give an end date for assistance.....

Please return this form along with supporting documents to:
Street Scene Services, Hertsmere Borough Council, Civic Offices, Elstree Way,
Borehamwood, WD6 1WA.

If you have any questions or need help to complete this form please call our
Customer Services Department on 020 8207 2277.

If your application is successful, your eligibility will be regularly reviewed and the service may be withdrawn if your situation changes.

NB: Your refuse and recycling containers need to be accessible and in full view from the front of your property. Unfortunately, we cannot make collections from back gardens or offer this service to those living in flats.

Section D:

Declaration

I/we confirm the information provided on this form is accurate and there is no one else living at the address who can move my bins to the property boundary for collection.

Your signature: _____ Date: _____



The information you provide is needed for the administration of this scheme only. It will be held in confidence and stored securely. The information will be securely destroyed six years after you have left the scheme. We will only share this information with electoral services to confirm applications, no other departments will have access to this information. Your information will not be used for any other purpose than described. For further information about data protection issues please contact the Information Officer on 020 8207 2277.

Section E (please complete one form per person):

Assisted collection recommended by your GP

I confirm the person named on this form.....
is unable to present their bins for collection and requires assistance due to a
debilitating mobility problem or health condition.

GP's name: _____

Practice address: _____

GP's stamp **and** signature:

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Comments:

Date: ____/____/____

Assisted collection recommended by your GP

I confirm the person named on this form.....
is unable to present their bins for collection and requires assistance due to a
debilitating mobility problem or health condition.

GP's name: _____

Practice address: _____

GP's stamp **and** signature:

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Comments:

Date: ____/____/____