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.

Name………………………………………………………………………………………….

Address: ..........................................................................................................

Postcode: .................................   Telephone number:..............................

In order to process your application, your GP must complete section E of this form. 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 someone else living at the property who is able to move the bins to your property boundary for collection?

☐ Yes         ☐ No
Section C:

☐ I 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 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.
The information you provide will be held in confidence and be stored securely. The
information will be securely destroyed six years after you have left the scheme. We
will not share this information with another service unit within Hertsmere Borough
Council. 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:

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:

Comments:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Date: ____/____/_____