

Ceredigion County Council

Request for an assisted waste collection

DETAILS OF PERSON COMPLETING THE APPLICATION FORM

1. Are you applying on behalf of yourself, or on someone else's behalf?

Please tick the appropriate box

For myself
(go to question 7)

on someone else's behalf
(go to question 2)

2. Please state the nature of your relationship to the applicant

Please tick the appropriate box

Family Member
 Carer

Friend/ Neighbour
 Professional capacity

Your name and address, if different to that of the applicant

3. Name: _____

4. Address: _____

5. Telephone Number: _____

6. E-mail address: _____

DETAILS OF PERSON REQUESTING AN ASSISTED COLLECTION SERVICE

7. Name: _____

8. Full Postal Address: _____

9. Telephone Number: _____

10. E-mail address: _____

11. Do you consider yourself to be incapacitated or disabled?

Yes

No



12. How Many people live permanently at the above property?

- Number of Adults Number of children (0-16 years)
- Of which, how many are able bodied?

13. Is there a family member, neighbour or carer available to put the rubbish out for collection?

- Yes No

14. If necessary can proof be provided of the incapacity or disability from a medical or care professional?

- Yes No

15. Please give a brief description of the disability or incapacity.

16. Is assistance required on a short term(less than 2 years) or long term basis?

- Short term Long term
(go to question 17) (go to question 18)

17. When do you expect to no longer require the assistance?

18. Please tell us which types of containers are to be collected? (tick all that apply)

- Recycling Bags Food Waste Bins
 Glass box (where available) General Waste

19. Please give a brief description of the storage location of all of your waste containers for our collection crews. Please mention any gates or unusual access issues.

20. I confirm that the information provided is correct. I understand that if I have provided false or misleading information the service could be withdrawn. I also understand that I will be required to renew this application every 2 years.

Signature _____