**360L Blue Recycling Service**

**Application Form**

**Please return all completed forms (along with the attached Equality Monitoring Form) for the attention of the Refuse Supervisor at either of the following addresses:**

**Refuse Supervisor**Waste and Recycling - Assisted Bin Lift
Fermanagh & Omagh District Council
Killyvilly Depot

152 Tempo Road

Killyvilly

Enniskillen

Co Fermanagh

BT74 4GD

**Refuse Supervisor**Waste and Recycling - Assisted Bin Lift
Fermanagh & Omagh District Council
Gortrush Depot

Mullaghmenagh Upper

Great Northern Road

Omagh
County Tyrone

BT78 5EJ

**Data Protection**

Under the Data Protection Act (2018), Fermanagh and Omagh District Council (the Data Controller) has a legal duty to protect any information it collects about you. The information will be used only to provide you with the requested service (360L Blue Recycling Service). The information will not be disclosed to any third party, unless law or regulation compels such a disclosure.

**Section 1**

Fermanagh & Omagh District Council have a limited number of 360L blue recycling bins available to residents. The Council recognises that some households may require additional capacity for their blue recycling bin. To apply for a large 360L recycling bin please complete all the sections below.

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |

If you are not the applicant, and are applying on behalf of someone else, please provide the following information:

|  |  |
| --- | --- |
| **Your Name** |  |
| **Address** |  |
| **Contact Number** |  |
| **Please provide a brief explanation as to why you’re completing this form, as well as your connection/relationship to the applicant:** |

**Section 2 – Medical Grounds**

Is the 360L blue recycling bin required because of the need to dispose of material due to a family member’s medical condition? Yes No

If yes, please outlinebelow:

Please note, you may wish to support your application with a medical certificate (completed by a G.P. or Occupational Therapist) or other relevant supporting Health and Social Care Trust information. Where possible, and if provided, the supporting information should be dated within the 12 months prior to the application being made.

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**Section 3 – Number of Occupants**

Council Policy states that there must be eight or more in a household to warrant a 360L blue recycling bin collection. Is the 360L blue recycling bin collection required because of the number of occupants in your household?

Yes No

If yes, please complete the following table, giving details on the individuals living at this address:

There are \_\_\_­­­ people living permanently at the address of the applicant.

|  |  |  |
| --- | --- | --- |
| **Name of Occupant** | **Relationship to Applicant** | **Date of Birth** |
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**Section 4 – Terms & Conditions**

* Current 240L blue bins must be exchanged for the larger 360L blue bin.
* If you require delivery and collection of the bins then a delivery charge will be applied.
* All recyclable material must be placed in the recycling bin, clean, dry, empty and flat. Please do not put recyclables in plastic bags.
* Recyclable material includes paper, cardboard, food & drink cans, plastics, tetra pack (cartons) and glass.

**Section 5 - Declaration Statement and Signature**

**I declare, that to the best of my knowledge, the information provided within this application is correct. It is important that information provided is true and accurate and any omissions may result in the service being withdrawn.**

 **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Important Information** |
| To enable us to process this application appropriately, all supporting evidence must be submitted with this application together with any supporting medical documentation you may wish to provide. Please note that a household can only avail of one 360L Blue Recycling Bin. |

 **A 360L Recycling bin service is not guaranteed and will be reviewed on a case by case basis**

**For Official Use Only**

Supporting medical documentation (optional) Yes No

Further Information required? Yes No

Details:

Home visit required? Yes No

If yes, the date visit carried out:

Details:

Application successful? Yes No

if unsuccessful please detail reason:

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant informed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Equality Monitoring Form**

**Data Protection: In accordance with the Data Protection Act (1998), you should be aware that the information which you give us on this Equality Monitoring Form will remain anonymous and will be used for the purpose of Equal Opportunity Monitoring only, and not for any other purpose.**

**Fermanagh and Omagh District Council is committed to achieving fairness and equality. The Council aims to operate services which are responsive to the differing community and individual needs within the District and are accessible to everyone.**

**In order to achieve this, the Council needs your help. One of the most important ways of doing this is by monitoring people who apply for services. The information provided will be used by Fermanagh and Omagh District Council to assist us in complying with our statutory duty under the Northern Ireland Act (1998).**

1. **Religious Belief**

Do you have a religious belief? Yes No (If no, please go to question 2)
If Yes are you,
Bahai  Hindu  Presbyterian 

Baptist  Jewish  Roman Catholic 

Buddhist  Methodist  Sikh 

Church of Ireland  Muslim  Other 

1. **Political Opinion**

How would you describe your political opinion?

Unionist generally  Nationalist generally  Other 

1. **Racial Group**

To which of these Racial Groups do you consider you belong?

Bangladeshi  Chinese  Pakistani 

Black African  Indian  White 

Black Caribbean  Irish Traveller  Other 
Black (Other)  Mixed Ethnic Group 

1. **Age**

0-15 16-29 30-44 45-59 60-74 75+

1. **Marital Status**

Co-habiting  Married  Divorced  Separated 

Single  Widowed  Civil Partnership 

1. **Sexual Orientation**

How would you describe your sexual orientation?

Heterosexual  Homosexual (Gay or Lesbian)  Bi-sexual

1. **Gender**

Female Male Trans-gendered 

1. **Disability**

Under the Disability Discrimination Act 1995, a disabled person is defined as a person with “a physical or mental impairment which has a substantial and long-term affect on his/her ability to carry out normal day to day activities”.

Do you consider that you meet this definition of disability? Yes No

If yes, please state the type of disability,

Visual Impairment Communication Difficulty

Learning Difficulty Hearing Impairment

Multiple Impairment Mobility Impairment

Learning Difficulty

1. **Dependants**

We are asking you to tell us something about your caring responsibilities. By that we mean looking after a child, whether as a parent, guardian or foster parent, or helping an adult carry out their daily routine. This might mean providing assistance to an adult relative or friend who is disabled or has a long-term illness.

I look after children I help an adult with their daily routine

 **Please indicate how often you undertake these responsibilities:**

Daily  Frequently  Occasionally 