

**Assisted Bin Lift 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 (1998), 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 (Assisted Bin Lift Service). The information will not be disclosed to any third party, unless law or regulation compels such a disclosure.

**Section 1**

In order to qualify for the assisted bin lift collection service, Fermanagh & Omagh District Council needs to be assured that the applicant and all members of their household are unable to place the bin at the normal collection point:

|  |  |
| --- | --- |
| **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:** |

|  |
| --- |
| **Reason an Assisted Bin Lift is required :** Please explain how your condition,or disability, affects your ability to place your bin at the normal collection point: Please note, you may wish to support your application with a medical certificate (completed by a G.P. or an Occupational Therapist) or other relevant supporting Health & 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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| **Do you expect your condition to change, if so, please state the expected timeframe:**  |

**Please confirm which of the following statements are correct by ticking the appropriate box:**

I confirm that I qualify for an assisted bin lift collection as I am unable to place my bin at the normal collection point and **I live alone**

**OR**

I confirm that there are **no** other persons living at this address who can assist me in placing my bin at the normal collection point.

**Section 2**

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| --- |
| **Who currently leaves your bin to the collection point?** |

|  |
| --- |
| **Can a relative, friend or neighbour help you place your bin at the normal collection point?**  |

**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.**

 **I understand that the Council will not be liable for any damage that may be caused as a result of a Council vehicle entering or exiting my property, whilst providing the requested service.**

**I also note that a Council Officer will visit my household in order to undertake a risk assessment of the proposed alternative bin lift method.**

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

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| **Important Information** |
| To enable us to process this application appropriately, please ensure that any supporting evidence is submitted with this application form.  |

 **An Assisted Bin Lift service is not guaranteed. Each application will be assessed separately. If an Assisted Lift is approved, the household circumstances will be reviewed every two years or earlier if appropriate.**

**For Official Use Only**

Assisted Lift Approved without adjustments required

Assisted Lift Approved pending adjustments

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted Lift Not Approved

Please list the reason(s) and any recommendation(s) which would eliminate the problem(s).

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

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

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 