Waste Collection Services for People with Disabilities or Injuries

West Tamar Council provides a kerbside waste and recycling collection service for eligible people with disabilities or injuries. If your residents is within 30 metres of the road and you don't have someone living with you who is capable of putting your wheelie bins out, you may be eligible for this service. There are no extra waste management fees for this service.

SECTION 1 - To be completed by Applicant or their Advocate

Please print neatly in BLOCK letters with a black or blue pen only.

Title _____ Given Name/s _____

Surname _____

Unit/Street No._____ Street _____

Suburb _____ State _____ Postcode_____

Phone H _____ M _____

Is your residence within 30 metres of the road? ☐ Yes ☐ No

Applicants must confirm whether they are the **owner** ☐ or **occupier** ☐ **of the property**

Collection services required ☐ Waste ☐ Recycling ☐ FOGO

There is **no alternate person or service provider** able to present bins for collection on behalf of the applicant?

☐ Yes ☐ No

Approval of this service is subject to a **formal risk assessment**, which will assess the following criteria:

- The surface is even and free from trip hazards.
- The bin can be moved freely and without obstruction to the kerb.
- The collection point is clearly visible from the point of property entry.
- The collection point is located within **30 metres of the property boundary**.
- The collection point is **not behind structures**, fences or gates.
- There are **no unsecured animals** present on the property.

Where the collection point is located on **private property** and suitable, reasonable vehicle access and roadways exist, the contractor **may collect bins by mechanical means only** after receiving **written indemnity from the landowner**. This indemnity must cover:

- Damage to pavements or driving surfaces
- Damage to other property
- Injury to persons

If **any of the above conditions** cannot be met, Council will notify the applicant of the reason the service **cannot** be provided.

I hereby declare that all the information given by me is correct to the best of my knowledge and I authorise the qualified health care professional who completes the medical questionnaire overleaf to disclose to the managers of this scheme any information relevant to this application.

Your signature _____ Date _____

(or Advocate's) _____ Date _____

If signed by Advocate, please also print your name here: _____

Thank you for completing Section 1. Your qualified health care professional (eg medical practitioner) will need to complete Section 2 (overleaf) before we can consider your application.

Once your application has been assessed, you will receive a letter from Council to advise if your application has been successful and if so, on what day and date that the service will commence from. Your current service will not change until you receive this letter.

West Tamar COUNCIL

Section 2

Guidelines for qualified health care professionals: This is a special service to cater for persons with severe disability or injury. The service involves the driver of the waste/recycling collection vehicle entering the applicant's residential property on foot and walking up to 30 metres to collect the wheelie bin/s. The driver then removes the bin/s from the property for emptying before returning the bin/s to the applicant's property. For applicants to be eligible for this service, their condition must be severe and the following must apply:

The applicant:

- is unable to wheel a wheelie bin to the kerb in front of their residence.

SECTION 2: To be completed by Applicant's qualified health care professional

Please print neatly in BLOCK LETTERS with a black or blue pen only.

In your opinion, does the condition of the applicant prevent a reasonable endeavour to wheel a wheelie bin to and from the kerb in front of their residence? ☐ Yes ☐ No

Is the applicant's condition permanent? ☐ Yes ☐ No

If not permanent, how long is assistance required? Start date _____

End date _____

Completed by

Name of health professional _____

Health profession _____

Unit/Street No _____ Street _____

Suburb _____ State _____ Postcode _____

Phone _____

Declaration

I certify that the above information is correct. I understand the intent of the Waste Collection Service for People with Disabilities and acknowledge that misleading information could resultin legal action being taken by the West Tamar Council.

Signed _____ Date _____

Personal Information Protection Statement

As required under the Personal Information Protection Act 2004

1. Personal information is managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates, on request of the West Tamar Council.
2. Information can be used for other purposes permitted by the Local Goverment Act 1993 and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of the West Tamar Council, in according with Council's Personal Information Protection Policy >>>
3. Failure to provide this information may result in your application not being able to be accepted or processed.