

## Application for Subsidised Weekly Waste Collection Service

DX 26402 Shellharbour City Centre

**Council's Policy For The Provision of Weekly Waste Collection Services on Compassionate Grounds (Fees and Conditions apply) aims to provide a consistent and equitable approach to the provision of subsidised weekly garbage collection to special needs households, who by nature of a verified permanent or long term medical condition, generate excessive quantities of non-recyclable waste that cannot be managed using the standard fortnightly collection service.**

**This form will be used to verify a household's eligibility for consideration under the policy and must be signed and dated by a registered medical practitioner.**

If you occupy this property as a tenant, additional charges apply therefore you must have the property owner's approval before this service can be applied. Do you have approval?  YES  NO

Tenant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **To be completed by the Property Owner**

Full Name of property owner: \_\_\_\_\_

Property address: \_\_\_\_\_

Property ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The Subsidised Weekly Waste Collection Service is reviewed annually.  
Do you agree to be contacted by our waste services team to review your application?  YES  NO

### **To be completed by a Registered Medical Practitioner**

Patients Full Name: \_\_\_\_\_

Does the patient have a listed medical condition that is likely to generate large quantities of non-recyclable waste?  YES  NO

How long is the condition likely to last? \_\_\_\_\_

Nature of Waste? \_\_\_\_\_  
(sealed bag, nappies, bandages, dressings, etc.)

If packaged and disposed of appropriately, does the waste still present a significant public health risk? e.g. contaminated waste  YES  NO

Has the patient received suitable documentation on the appropriate disposal methods of the waste?  YES  NO

I agree to the best of my professional knowledge, the above information is true and correct.

Name: \_\_\_\_\_ Medical Practice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE**

Shellharbour City Council is collecting the information on this form for the purpose of providing you with a service. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be placed on a relevant file and/or saved in Council's electronic records management system. You may apply to Council for access to this information. Requests for correction of your personal information can be made under the Privacy & Personal Information Protection Act 1998. Please see Council's [Privacy Management Plan](#) or contact the Council's Public Information Officer for more information.