

## APPLICATION FORM - WEEKLY GARBAGE SERVICES ON COMPASSIONATE GROUNDS

Shellharbour City Council's policy for the provision of Weekly Waste Collection Service on Compassionate Grounds aims to provide a consistent and equitable approach to special needs households. 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.

Compassionate Grounds Service Charge 2024/2025: \$735.00 per annum

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. 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** – please complete all details below

Full Name of property owner(s): \_\_\_\_\_

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

Property ID Number (if known): \_\_\_\_\_

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

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

**PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE**

The information on this form is being collected by Shellharbour City Council for the purpose of providing you with a Weekly Waste Service for Special Needs. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be stored in Council's electronic records management system. You may apply to Council to access and correct this information. Please see Council's [Privacy Management Plan](#) or contact Council's Privacy Officer on 4221 6111 for more information.

**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 information 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: \_\_\_\_\_

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