Waste Collection Services for People with Disabilities or Injuries

The City of Launceston provides a kerbside waste and recycling collection service for eligible people with disabilities or injuries. If your residence is within 20 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 n | ame/s | | | | | | | | | |
|---|------|--------|---------------|----------|-------|--------------------------------|--|--------|-----------|------|----|------|--|
| Surname | | | | | | | | | | | | | |
| Unit/Street No | | | | Street | | | | | | ı | | | |
| Suburb | | | State | | | | | Postco | Postcode | | | | |
| Phone | ; | Н | | | М | | | | Date of b | irth | / | / | |
| How ma | any | peop | le live at tl | he prope | rty? | | | | | | | | |
| premise | es a | nd ret | | 10 minu | tes w | esidence to ithout the as aid? | | | | Yes | |] No | |
| Is your residence within 20 metres of the road? | | | | | | | | | | Yes | | No | |
| Does anyone live with you who is capable of putting the wheelie bin out? | | | | | | | | | | Yes | | No | |
| Will you be using the recycling wheelie bin? | | | | | | | | | | Yes | | No | |
| Will you be opting into the food and garden organics (FOGO) service? (there is one-off fee for this service) | | | | | | | | Yes | | No | | | |
| Do you need the waste truck driver's assistance to collect and empty your waste and recycling wheelie bins? | | | | | | | | | ur Yes | | No | | |
| 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 Adv | oca | te's)_ | | | | | | | Date | / | | _/ | |
| If signed by Advocate, please also print your name here: | | | | | | | | | | | | | |

Occupational Therapist, Medical Practitioner) will need to complete Section 2 (overleaf) before we can consider your application.

Thank you for completing Section 1. Your qualified health care professional (e.g. Physiotherapist,



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 20 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 one or more of the following must apply:

The applicant:

- is unable to manage steps or uneven ground without the use of a complex walking aid or cannot walk a distance of 20 metres without having to rest due to pain
- · has major difficulty with steps and inclines
- is totally dependent on others for mobility
- has sensory disability vision impairment
- is unable to wheel a wheelie bin to the kerb in front of their residence and return within 10 minutes.

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 YES NO endeavour to wheel a wheelie bin to and from the kerb in front of their residence? | | | | | | | | | | | |
| Is the applicant's condition | | YES NO | | | | | | | | | |
| If not permanent, how los | date | | | | | | | | | | |
| | | | End | date | | | | | | | |
| Completed by | | | | | | | | | | | |
| Name of health profession | onal | | | | | | | | | | |
| | | | | | | | | | | | |
| Health profession | | | | | | | | | | | |
| 1 | T | | | | | | | | | | |
| Unit/Street No | Street | | | | | | | | | | |
| Cookeenk | | | Ctata | | Daataada | | | | | | |
| Suburb | | | State | | Postcode | | | | | | |
| Phone | | | | | | | | | | | |
| Declaration | | | | | | | | | | | |
| I certify that the above information is correct. I understand the intent of the <i>Waste Collection Service for People with Disabilities</i> and acknowledge that misleading information could result in legal action being taken by the City of Launceston. | | | | | | | | | | | |
| Signed | | | | Date | / / | | | | | | |

Reference No. 33-Fmx-166 Version: 08/02/2018

Personal Information Protection Statement

As required under the Personal Information Protection Act 2004

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 to the City of Launceston.
 Information can be used for other purposes permitted by the Local Government 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 City of Launceston, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
 Failure to provide this information may result in your application not being able to be accepted or processed.

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