

**Additional 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  
Gortrush Depot

Mullaghmenagh Upper

Great Northern Road

Omagh  
County Tyrone

BT78 5EJ

**Refuse Supervisor**Waste and Recycling - Assisted Bin Lift  
Fermanagh & Omagh District Council  
Killyvilly Depot

152 Tempo Road

Killyvilly

Enniskillen

County Fermanagh

BT74 4GD

**Data Protection**

Under the Data Protection Act (2018), 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 (Additional Bin Lift Service). The information will not be disclosed to any third party, unless law or regulation compels such a disclosure.

**Section 1**

Council Policy states that only one 240 litre black/green bin is available per household within the district. The Council recognises that some households may require the fortnightly collection of a second black/green residual waste bin. Please complete Section 2, 3 or 4 depending on your circumstances. If a ‘Second Bin Collection’ is approved, individual household circumstances will be reviewed after a two-year period. Please complete the below information:

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

**Section 2 – Medical Grounds**

Is the Second Collection required because of the need to dispose of material due to a family member’s medical condition? Yes No

If yes, please outlinebelow.

|  |
| --- |
|  |

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 and 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.

**Section 3 – Number of Occupants**

Council Policy states that there must be eight or more in a household to warrant a Second Bin Collection. Is the Second Bin Collection required because of the number of occupants in your household? Yes No

If yes, please complete the following table, giving details on the individuals living at this address:

There are \_\_\_­­­­­­­\_\_\_\_\_ people living permanently at the address of the applicant.

|  |  |
| --- | --- |
| **Name of Occupant** | **Relationship to Applicant** |
|  |  |
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**Please note, a Council Officer may carry out a home visit to assess your application and to advise on the diversion of waste to the recycling bins.**

**Section 4 – Secondary Apartments**

Is the ‘Second Bin Collection’ required because your house has a secondary rated apartment attached, and is being used as two separate homes? Yes No

If yes, you must forward a proof that rates are currently being paid on both properties.

Please complete the table below, giving details on any individuals living permanently in the attached secondary apartment.

|  |  |
| --- | --- |
| **Name of Occupant** | **Relationship to Applicant** |
|  |  |
|  |  |

**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 note that a Council Officer may visit my household to assess my application.**

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

|  |
| --- |
| **Important Information** |
| To enable us to process this application appropriately, please ensure that any supporting evidence is submitted with this application form.  For a secondary apartment, proof must be provided that both properties are paying separate rates. |

**An Additional Bin Lift service is not guaranteed and will be assessed on a case-by-case basis. If an Additional Bin Lift is approved, the household circumstances will be reviewed every two years or earlier if appropriate. The Council will then inform you in writing if your application has been successful.**

**Please note if you are successful then you will be required to purchase the additional black 240l bin and you will issued with a sticker to place on the bin. If you require the Council to deliver the bin then an additional delivery charge will apply.**

**For Official Use Only**

Supporting medical or Health and Social Care Trust documentation (optional) Yes No

Rates Confirmation received Yes No

Further Information required? Yes No

Details:

Home visit required? Yes No

If yes, the date visit carried out:

Details:

Application successful? Yes No

if unsuccessful please detail reason:

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

Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sticker number issued: \_\_\_\_\_\_\_\_

Date Applicant informed: \_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 