

<b>Ref No</b> (office use)	
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**Application for Registration of Assisted Lift for Refuse Collection**

**1 Please complete the following details and return to Perth & Kinross Council, Communities, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD:**

Customer name: Mrs/Mr/Miss/Ms	<input type="text"/>
Address of uplift:	<input type="text"/>
	Postcode: <input type="text"/>
Contact Telephone No:	<input type="text"/>
Date of Birth:	<input type="text"/>

**2 If the above named customer should not be contacted directly, then please provide us with name/address/telephone number etc of who is to be contacted by completing the box below:**

Name:	Relationship:
Address:	
Telephone No:	

**3 I am unable to put my wheelie bin out for collection due to (*please state reason for application*):**

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**4 Is the application for this assisted lift (*please tick*):**

Permanent	<input type="checkbox"/>
<b>or</b>	
Temporary	<input type="checkbox"/>

If temporary, please state date when service will no longer be required \_\_\_\_\_  
The service will automatically cease on this date, unless we are advised otherwise.

**5 Please confirm the following statements are correct by ticking the boxes:**

I confirm that I am unable to put the wheelie bin(s) out to the collection point and require assistance in doing so.	<input type="checkbox"/>
I confirm there are no other persons living at this address or in the immediate vicinity that can assist me.	<input type="checkbox"/>

**6 Please tick the appropriate boxes below to indicate which type of wheelie bin(s) are currently at the property and assistance is required with:**

Green Lidded General Waste Bin

Brown Lidded Recycling Bin

Blue Lidded Recycling Bin

**7 In support of my application for an assisted lift I enclose one of the following (please tick the appropriate box):**

- 1 A medical certificate obtained from my GP (for a medical condition that prevents the individual from taking a wheelie bin to the kerbside). **The Council will not be responsible for reimbursement of any costs involved.**
- 2 Evidence of being registered disabled (with a disability that prevents the individual from taking a wheelie bin to the kerbside).
- 3 A written reference from an officer of Housing & Community Care for example Care Manager, Home Care Officer or Duty Officer.
- 4 I am unable to supply any of the above and so request a visit from an Officer from Communities.

**Any false information on this application will result in service being withdrawn**

Signature ..... Date .....

**HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to assess your Assisted Lift application. The information may be shared with appropriate professionals or service providers to support your application.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

*For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection), email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.*

**For Office Use Only**

Initial application authorised by CWA	Initials	Date	
Added to R/A spreadsheet	Initials	Date	
Black bin & pink sacks ordered	Initials	Date	Flare no.
Bins to be removed	Green Lidded <input type="checkbox"/>	Blue Lidded <input type="checkbox"/>	Brown Lidded <input type="checkbox"/>
Bins to be removed E-mailed CSC	Initials	Date	
Input to A/L spreadsheet	Initials	Date	
Letter sent to Customer	Initials	Date	