Application for Assisted Household Collection Service

Newcastle City Council provides an Assisted Household Collection Service for residents who, through age, a medical condition or disability, are unable to place their waste bins on the street for collection. This service will include the collection of the bins from, and their return to, an agreed location within the resident’s property.

To be eligible for the service, a resident must:

1. Complete all sections of this application including written consent for Council and / or its Contractors to access the Property and indemnifying Council and / or its Contractors against all claims arising from the delivery of the Service.
2. Provide a current medical certificate / letter from a general practitioner or other relevant medical professional, indicating the resident is unable to place their bins at the kerbside for collection (note: This cost is to be borne by the applicant).
3. Return the fully completed form to Council, including all attachments.
4. Satisfy Council that the Property meets Council’s health and safety requirements.

Once this application is submitted, Council will arrange an on-site inspection of the property to approve the site and identify where bins will be accessed from and returned to.

Please note the service **shall not commence until the application is approved by Council.**

Please ensure the best contact phone number/s are provided to facilitate the on-site inspection.

**Terms and Conditions**

1. Where the property is assessed by Council as not meeting Council’s health and safety requirements, the applicant shall not be provided with a Service and the resident shall need to make alternative arrangements.
2. Assisted service approvals are not transferable.
3. The applicant (or nominee) must advise Council if the service is no longer required, or if circumstances change.
4. Council may place an identification tag (or similar) on the bin/s to assist in identifying the bin/s.
5. The bin/s collection site must be visible from the front of the property. Council and / or its Contractors will not enter back yards, outdoor areas or the rear of dwellings to collect bin/s.
6. If Council forms the view that circumstances may have changed at the service property, Council may investigate as to whether there continues to be a need for the service. The approval is valid for a maximum period of two years from the date of commencement of the service to the property. Council shall send the applicant a reminder notice prior to the expiration of the approval requesting an additional application from the resident for the service to continue.

Send completed documentation to

Newcastle City Council
Attention: Waste Management
PO Box 489
NEWCASTLE  NSW  2300

Or email to mail@ncc.nsw.gov.au
# Application for Assisted Household Collection Service

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Last name:</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Residence</td>
<td>Address:</td>
<td>Suburb:</td>
</tr>
<tr>
<td>Contact Number/s</td>
<td>(H):</td>
<td>(M):</td>
</tr>
<tr>
<td>Date of Notification</td>
<td></td>
<td></td>
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</tbody>
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**Declaration (please tick):**
- [ ] I hereby apply for an Assisted Household Waste Collection Service. I declare that I am incapable of placing Council's bins for servicing and require assistance.
- [ ] There are no other people who can present my bins to the kerbside on my behalf.
- [ ] I shall let Council know if my circumstances change.
- [ ] I accept the terms and conditions of the Assisted Household Collection Service.
- [ ] I consent to Council, its employees, contractors and agents accessing the property for the purpose of providing the Service.
- [ ] I agree to indemnify Council, its employees, contractors and agents against any claims, demands, actions, suits, damages and expenses, in connection with the Service except to the extent that it is caused by the negligent act or omission of Council.
- [ ] I agree to release Council, its employees, contractors and agents from any liability, loss, damages, costs and expenses arising from or incurred by me in connection with the Service except to the extent that it is caused by the negligent act or omission of Council.

**Type/s of service required (please tick):**
- [ ] Weekly general waste
- [ ] Fortnightly recycling
- [ ] Fortnightly green waste

**Applicant’s Signature:** ……………………………………………………………………………………………

**Date:** …………………………………………………………………………………………………………..

**Medical Certificate Attached:** [ ] Yes [ ] No

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**Privacy Disclaimer**
Newcastle City Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council's Privacy Management Plan.

**Purpose:** Council will use the information to process your request. **Intended recipients:** authorised Council Officers and its contractors or agents. **Supply:** voluntary. **Consequence of non-provision:** Council may not be able to process your request. **Storage and security:** information will be stored in accordance with Council’s Record Management Policy. **Access:** by contacting Council by phone on (02) 4974 2000 or attending Council.

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**For Office Use Only**
Approved / Declined (please circle)

**Name and Signature:** ……………………………………………………………………………………………

**Reason/s for Declination:** ……………………………………………………………………………………………

**Expiry Date:** ……………………………………

Newcastle City Council