

Blue Dot Service Application Form

An **Assisted Waste Collection Service** - commonly known as a Blue Dot Service - is an assisted waste collection for people who are unable to move their bins (garbage, recycling and green waste) from their property to the kerbside to be emptied, and back to their property.

To be eligible for a Blue Dot Service, a resident must take the following steps:

- **Complete Part 1** of the Application Form, including a declaration that they have no other available people to perform this service (for example a family, friend or neighbour)
- **General Medical Practitioner (Doctor)** to **complete Part 2** certifying that they have a genuine medical need for the service.
Please note: The cost of this consultation is borne by the Applicant
- Return the completed Application Form to Council
- **The resident's property must satisfy Council's Work Health and Safety requirements.** This will be determined by inspection of the property by a Council officer.

PART 1: Applicant details - to be completed by the applicant

Name of Applicant:

Address of Property where Blue Dot service is required:

Contact No (Home): Mobile:

Types of services required: *(please tick)*

Fortnightly garbage service Fortnightly recycling service Weekly green waste service

Name and contact number of next of kin, friend or neighbour

(This information is required by Council as a secondary contact person in circumstances where Council cannot contact the Applicant)

Name: Phone Number:

Relationship to Applicant:

Declaration by applicant *(please tick)*

- I am unable to move my bins from my property to the kerbside, to be emptied, and put back
- There are no other people (eg. family, friends or neighbours) who can regularly put my bins out to be emptied
- I will let Council know if my circumstances changes (eg. change of address, assistance no longer required)
- I accept the Terms and Conditions of the Blue Dot Service as stated below

Applicant's signature:

PART 2: To be completed by the Applicant's Doctor

Name of Doctor: Contact No:

Name and Address of Medical Practice:

Email Address:

Provider No: APHRA Registration No:

Certification by Doctor: I certify that *(name of recipient)* is in genuine need of a Blue Dot Assisted Waste Service. I further confirm that the condition or circumstances necessitating this need are either: *(please tick applicable option)* **Temporary** in nature and may resolve, or will be **Ongoing**



Terms and Conditions of Blue Dot Service

1. Where the property is assessed by Council as presenting unacceptable Work Health and Safety risk to collection staff, the applicant will not be provided with a Blue Dot Service and will have to make alternative arrangements for bin presentation.
2. Blue Dot Service applications and services are not transferrable and relate to the Applicant and the Applicant's property only.
3. The Applicant or next of kin, neighbour or friend must advise Council's Customer Service Team if the Blue Dot Service is no longer required or if circumstances change, eg change of address or lengthy hospital stay etc.
4. If the Applicant moves to another property, then the Applicant must notify Council's Customer Service Team via phone or in writing of the change of address to enable an assessment of the new property for the Blue Dot Service.
5. Council may place an identification tag (reflective tape or disc) on the Applicant's bin(s) to assist collection staff in identifying the bin(s).
6. Blue Dot Service recipients are asked to bag all garbage – not recyclables or green waste – where possible to assist Council's collection staff in servicing the bin.
7. The bin(s) must be visible and accessible from the front of the property and not behind locked gates. Council and its contractor's staff will not enter back yards, enclosed outdoor areas or the rear of dwellings.
8. The approved Blue Dot service will remain valid indefinitely or require renewal every two years, depending on whether the recipient's condition or circumstances are ongoing or temporary, as certified above. If renewal is required, the applicant will receive a renewal notification letter including advice on how to renew.
9. Applications will **NOT** be processed if the application form is not fully completed and signed by all parties.

Privacy and personal information protection notice

The *Privacy and Personal Information Act 1998* applies to personal information held, used and disclosed by Council. If you would like further information, please contact Council on 02 4921 0333. The information will be used by staff and the nominated institution for the purpose mentioned or a directly related purpose (to register or modify premises; to contact the business as needed; to provide or request information). The information is provided on a voluntary basis and you may apply to Council for access or amendment of the information at any time.

Return of Application form

Please send completed Blue Dot Service Application to Council by:

Mail: Lake Macquarie City Council, Box 1902 Hunter Region Mail Centre, NSW 2310

Email: council@lakemac.nsw.gov.au

In Person: Lake Macquarie City Council, Speers Point Library, 139 Main Road, Speers Point NSW, 2284

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