

Clinical Waste Collection Confirmation of Requirements

Please see overleaf for help completing this form

1. Resident requiring clinical waste collection

- a. Name:
- b. Address:
- c. Postcode:
- d. Telephone Number:
- e. Email.....

2. Resident Person completing form / contact for enquires (if different to above):

- a. Name:
- b. Relationship to above:
- c. Telephone Number:
- d. Email.....

3. Is medication self-administered?

- Yes No

4. Describe type of waste produced (tick all required)

- Sharps box for syringes, needles or other sharp instruments.
- Bagged clinical waste
- Other, please specify

N.B. Clinical waste is any waste which is infectious or hazardous unless rendered safe. Incontinence pads which are not infectious are classified as offensive waste and as such can be placed in a black sack for collection along with other non-recyclable items.

5. The approximate quantity for collection each year (for example 52 bags per year):

.....

6. How often is a collection likely to be required? (tick as required)

- Weekly Fortnightly
 Monthly Ad hoc, on request

7. Special collection arrangements, if any?

.....

8. Is this collection required for a limited period only?

- Yes – not required after date:
- No

9. Signed: Print Name.....

Date:

How to complete this form:

- 1) This form can be completed on behalf of a resident requiring a clinical waste or sharps collection. Simply complete Q2 the relationship to resident requiring assistance e.g. daughter, neighbour, carer, etc.
- 2) Q3 – Is medication self-administered? If medication is administered by a health professional, any waste produced should be taken away by the health professional.
- 3) Q7 – Please specify where you will leave the waste if you wish to leave the waste outside for collection. e.g. by front door, by garage etc. Please note clinical waste presented for collection must be in a clinical waste sack or sharps container.
- 4) Q8 – If the collection is only required for a limited period please state indicative date of last collection.
- 5) The General Practitioner form must be completed and stamped by the resident's GP before a collection can be arranged.
- 6) Post completed form to: Farmhouse Depot, Canvey Road, Canvey Island SS8 0QU or scan and email to recycling@castlepoint.gov.uk

GDPR

The information provided by you will be held and processed by Castle Point Borough Council. Your information will be held and disposed of in line with the Council's Document Retention and Disposal Guidance. You are entitled to copies of any information that the Council holds about you. This can be obtained by making a request in writing by using a Subject Access Request form. See how we manage you data www.castlepoint.gov.uk/privacy-notice