

Medical Waste Assistance Scheme Application form



Application form

APPLICANT DETAILS

Full Name :	<input type="text"/>		
Street:	<input type="text"/>		
Town :	<input type="text"/>	Postcode :	<input type="text"/>
State :	<input type="text"/>		
Email :	<input type="text"/>	Phone :	<input type="text"/>

APPLICANT DETAILS

Are you a resident of West Wimmera Shire Council? ☐ Yes ☐ No

Treatment type (e.g., peritoneal dialysis, chemotherapy, other):

Name of treating medical practitioner:

MEDICAL CERTIFICATION

Attach a letter or certificate from your medical practitioner confirming your treatment, that it is home-based, and that it produces a level of waste that cannot be managed by standard kerbside services.

APPLICANT DETAILS

Please tick ONE of the following options:

- ☐ Provision of a second 120L general waste bin (no additional cost)
- ☐ Waiver of waste transfer station fees (capped at \$400 per financial year)
- ☐ Waiver of the annual waste charge for one additional bin (where private collection is arranged)

DECLARATION

I declare that the information provided is true and correct.

Signature :	<input type="text"/>	Date :	<input type="text"/>
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