**CLINICAL WASTE APPLICATION FORM**

ODS in partnership with Oxford City Council offers a free weekly domestic clinical waste collection service to Oxford city residents only. To ensure this service is provided to those who require it, we conduct an annual review on all households registered to receive our clinical waste collection.

We offer two types of collections:

1. **Hazardous waste – collected in orange sacks:**

This includes waste such as wound dressings, bandages and swabs. This waste needs to be disposed of safely in order to prevent the spread of infection.

1. **Sharps – collected in yellow sharps boxes provided by your healthcare provider:**

This includes waste such as needles and syringes. These **cannot** be placed in your general waste bin even if they have not been used. They need to be disposed of safely.

**Please Note:**

We are unable to take any Cytostatic and Cytotoxic waste; these are usually identified by the colour which is usually purple – these items must be collected by the NHS as we are unable to dispose of these items.

Please complete this application form using BLOCK CAPITALS to renew or sign up for clinical waste collections. **Forms should be returned to us through your health care professional using the details at the bottom of this letter.**

**DETAILS OF THE APPLICANT:**

|  |  |
| --- | --- |
| Name of applicant who requires the clinical waste collection: |  |
| Address (including postcode): |  |
| Contact number: |  |
| Email address: |  |

**DETAILS OF THE APPLICANT’S NURSE:**

|  |  |
| --- | --- |
| District nurse name: |  |
| General practice surgery or health centre address (including postcode): |  |
| Email address: |  |
| Contact number: |  |

**TYPE OF** **WASTE COLLECTIONS REQUIRED – to be completed by a health care professional (community nurse, practice nurse, consultant or GP):**

|  |  |  |
| --- | --- | --- |
| **Type of waste** | **Description** | **Tick as appropriate** |
| **Hazardous waste**  (collected in orange sacks) | Items including wound dressings, bandages and swabs |  |
| **Sharps**  (collected in yellow sharps boxes) | Items including needles and syringes (used and unused) |  |
| Name: |  | |
| Signature: |  | |
| Date: |  | |

**DECLARATION (to be completed by the applicant):**

I certify that the information provided on this form is true, accurate and complete. I understand that any false or deliberate omissions could result in this service being cancelled.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

Please send completed forms to [recyclingandwaste@odsgroup.co.uk](mailto:recyclingandwaste@odsgroup.co.uk). We aim to notify you within 10 working days of receiving these forms.

**FOR OFFICE USE ONLY:**

|  |  |
| --- | --- |
| Name of officer authorisation: |  |
| Officer signature: |  |
| Clinical waste collection start date: |  |
| Clinical waste collection day: |  |