



in partnership with

West Dunbartonshire Council

CARE OF GARDENS

HOW TO COMPLETE APPLICATION FORM FOR INCLUSION IN CARE OF GARDEN SCHEME

1. Part A

Fill in your full name, date of birth, age, address and telephone number, and if appropriate those of the joint applicant. List the name, date of birth, age and relationship to you (e.g. daughter, son etc) of all other residents within the household.

2. Part B

Please complete in respect of the service you require.

3. Part C

Briefly state the reasons why you are unable to tend your garden, and if appropriate those of the joint applicant. The Declaration must then be signed and dated by both applicants.

4. Part D

Both parts of this section should be completed by a Registered Home Help, Health Visitor or other Professional Person, who is competent to confirm the statements you and if appropriate the joint applicant have made on the Application Form.

5. Part E

General guidance notes are then given. If you require further advice telephone our Environmental Department on 01389 721012, option number 1.

Please return completed forms as soon as possible.



**GREENLIGHT
ENVIRONMENTAL LTD**

in partnership with

West Dunbartonshire Council

CARE OF GARDENS APPLICATION FOR INCLUSION

I.D. Number:

PART A

Please place an X in the appropriate box.

Sole Application:

Joint Application:

Relationship of Joint Applicant (ie husband, wife etc) _____

Applicant Details

Mr / Mrs / Miss _____

Date of Birth _____ Age ____

Address _____

Telephone Number (s) _____

Joint Applicant Details

Mr / Mrs / Miss _____

Date of Birth _____ Age ____

Address _____

Telephone Number (s) _____

Please complete the following section in respect of every other person who is resident within your house:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART B

ABOUT YOUR GARDEN

Please place an X in the appropriate box(es) for the service you require.

Grass cutting / strimming

Hedge cutting

PART C

APPLICANT DECLARATION

The reason (s) I am unable to tend the garden are as follows:

I declare that I am the Householder and am permanently resident at the above address.

I declare that the particulars given are correct and that all residents of the house are unable to tend the garden by reason of infirmity or disability.

I **accept** the specification as detailed at number 6 in the Notes for Guidance section.

I agree that Greenlight and / or West Dunbartonshire Council may make the necessary enquires to verify the information given.

SIGNATURE: _____

DATE: _____

JOINT APPLICANT DECLARATION

The reason (s) I am unable to tend the garden are as follows:

I declare that I am the Joint Householder and am permanently resident at the above address.

I declare that the particulars given are correct and that all residents of the house are unable to tend the garden by reason of infirmity or disability.

I **accept** the specification as detailed at number 6 in the Notes for Guidance section.

I agree that Greenlight and / or West Dunbartonshire Council may make the necessary enquires to verify the information given.

SIGNATURE: _____

DATE: _____

PART D

A Registered Home Help, Health Visitor or Professional Person competent to confirm the position of the applicant (s) should complete this section.

I certify that the applicant is permanently physically unable to tend the garden.

Signed: _____

Date: _____

Stamp (or Name, Address, Telephone Number **and** Position in Full)

I certify that the joint applicant is permanently physically unable to tend the garden.

Signed: _____

Date: _____

Stamp (or Name, Address, Telephone Number **and** Position in Full)

PART E

Notes for Guidance

1. Only pensioners, the infirm and / or disabled householders should apply.
2. **All** sections of the application form **must** be completed in full.
3. You will not be accepted for the Scheme if there is a relative in the house who could be expected to tend the garden.
4. Holiday houses will not be considered.
5. The Scheme is available to Tenants and Owner / Occupiers.
6. If accepted, the specification is as follows: Your garden will be visited **seven** times between April and November. The grass will be cut seven times, with edges being strimmed and main grass areas cut to a minimum of 1 inch (25mm). Hedges within the boundary of the garden will be cut twice during this time. Grass cuttings and Hedge trimmings will be removed and pathways swept clear.
7. A Registered Home Help, Health Visitor or Professional Person **must** verify that you are permanently physically unable to tend to your garden, due to illness, infirmity or disability.

PLEASE REMEMBER:

1. **THERE IS NO CHARGE FOR THIS SERVICE.**
2. **WE WILL NOT COME TO YOUR DOOR AND ASK FOR PAYMENT. IF THIS HAPPENS PLEASE DO NOT PAY AND CONTACT US IMMEDIATELY.**
3. **PLEASE BE ADVISED THAT WE CANNOT ACCEPT LIABILITY FOR LOSS INCURRED THROUGH PAYMENT TO ANY SUPPLIER.**

Return completed form to:

**Greenlight Environmental Ltd.,
Blocks 4 & 5, Strone Road,
Lomond Industrial Estate,
Alexandria, G83 0TL.**

Office Use Only			
Date Received:		Information checked by:	
		Processed By:	
		Date Processed:	