

**HOUSEHOLD CLINICAL WASTE COLLECTION
REFERRAL FORM**

THIS FORM IS TO BE COMPLETED BY THE GENERAL PRACTITIONER

Name of Resident:	
Address of Resident:	
Type of Waste Generated:	

I CONFIRM THAT THE ABOVE NAMED RESIDENT SELF-MEDICATES AT HOME AND REQUIRES A CLINICAL WASTE COLLECTION SERVICE.

The waste is hazardous and may contain any of the following: infected human tissue, infected blood or bodily fluids, drugs or other pharmaceutical products, infected swabs or dressings, syringes, needles or other sharp instruments.

Print Name.....General Practitioner

Signature.....

Date.....

Address Stamp of Practice:

Cont.

PRIVACY NOTICE

THIS FORM IS TO BE COMPLETED BY THE GENERAL PRACTITIONER

Consent

Brentwood Borough Council is confirming the patient's information in order to arrange a clinical waste collection and requires your consent to retain the data provided.

Brentwood Borough Council will treat the information with discretion and will ensure it is protected. We will keep the information for one year after the collection finishes, after which time it will be destroyed. We will only share it with the nominated contractor responsible for collecting clinical waste. We will never share your data with anyone without your permission unless it is an emergency, or if legally required to do so.

You can withdraw your consent at any time by writing to: Brentwood Borough Council, Operational Services, Town Hall, Ingrave Road, Brentwood, Essex CM15 8AY.

Please refer to www.brentwood.gov.uk/privacy for further information on the Council's Data Protection – Privacy Notice.

Please sign and date below to indicate your consent for how the Council will process your data.

Print name **General Practitioner**

Signature.....

Date.....

Please return the completed form to:

Brentwood Borough Council, Operational Services, Town Hall, Ingrave Road, Brentwood, Essex CM15 8AY