## Gardening Tamworth Borough Council Service Scheme

## **Application Form**

Tenant Name:	Date of Birth:		
Address:			
House Size:	House Type:		
Other household member's de	etails (if applicable):		
Name	Relationship to Tenant	Date of Birth	Sex
Details of Garden			
Do you have?	Small front garden  Large front garden	Small back gard	
Do you have hedging?	ng? Front garden Back garden Side garden		
Details of your condition/dis	sability		
Name:			
Nature of condition/disability			
How long have you been suffe	ering from this disability/ill health	Years Mon	ths

Reasons why you are unable to maintain the garden, please explain:	
Do you have family support? YES/NO	
If YES, please give details:	
Name:	
Address:	
Relationship to you:	
Please give details of the support they give to you	
	/
Further Information	
Please add any further information regarding your medical condition you thin	nk appropriate:
	11/8
	3/7////

## **Data Protection**

I understand that any information obtained will be used for the sole purpose of assessing my need any information held will not be passed on to a the	for garden assistance. I also understand that	
Signed: Da	ite:	
Declaration		
I declare that the information given is this applica authority to Tamworth Borough Council to carry above address.	, ,	
I agree to advise Tamworth Borough Council important which may affect my eligibility for the scheme. I a information or information deliberately withheld we scheme/waiting list and will be liable for all the gas	am aware that any false or misleading will result in my name being removed from the	
Signed: Da	nte:	
OFFICE USE ONLY Tenancy Agreement checked:	YES/NO	
Updated Required:	YES/NO	
Application: ACCEPTED/F	ACCEPTED/REJECTED	
Checked by:	Date:	
Verified by:	Date:	