| | | Ref Number (Office use) Reusable Nappies Incentive Form |
|----|----------------|--|
| 1 | . Pl | ease acknowledge that you accept the terms and conditions: |
| | 1. 2. | The baby must reside in Dorset, excluding Bournemouth, Christchurch and Poole, (BCP council area). Applicants can only make one claim per baby and the baby must be under the age of 18 months at the time of application. Applications submitted for older children with an existing medical condition will be considered on a 'case by case' basis. |
| | 3. 4. 5. | Applicants must spend a minimum of £45 on the purchase of reusable nappies in a single transaction. A maximum of 300 applications will be accepted from 1st April 2024— 31st March 2025. Payments will be made on a 'first come, first served basis'. All applicants must agree to provide feedback if contacted at a later date. |
| | | I agree to the terms and conditions. Signature of parent/carer Date |
| 2. | Tic | <u>one</u> of the following options: |
| | | Please send me a £30 voucher. I will only use this at a retailer selected from the list that you will send to me. (Vouchers will expire after 2 months). |
| | | I have bought my own reusable nappies. Please find enclosed the receipt. (Receipt dates must be within 2 months of application.) |
| | | Please send me a voucher for a nappy starter pack. Dorset Council is working with three local retailers to offer discounted starter packs. You will need your voucher ready, before ordering. Choose from 3 options: |
| | | Bourne Green Fox and Marsh Loving by Nature |
| 3. | Ple | ase provide the following details: |
| | Nar | ne of parent/carer applying |
| | Full | address |
| | | tcode Baby's month and year of birth (or expected delivery date) |
| | Hor | ne telephone number Mobile telephone number |
| | E-M | ail address Where did you hear about the scheme? |
| 4. | Only | complete section 4 if you are applying for a refund. Payment will be made into your bank account |
| | Ban | /Building Society Account Name |
| | Brar (if a | chBuilding Society Ref oplicable) |
| | Sort | Code Account Number |
| | Sigr | ature Name (block capitals) |
| | Date | |
| 5. | | A <u>photocopy</u> of your council tax bill or utility bill e.g. electricity (so that we can confirm you are a resident in Dorset) |

- A <u>photocopy</u> of your baby's birth certificate OR a <u>photocopy</u> of the mother's MAT B1 form if the baby has not been born yet. **
- A <u>photocopy</u> of the itemised receipt of your nappy purchase (if applicable)
- 6. Send to: Dorset Council, County Hall, Colliton Park, Dorchester DT1 1XJ ** These copies will be destroyed after verification.

The Data Protection Act 1998 regulates how we obtain, use and retain personal information. The information you supply is being collected for the purpose of processing your application and to possibly gain feedback from you, about the scheme, at a later date. It will not be used for any other purpose and will only be retained until April 2031. Your information will not be passed to any other parties. By signing this form you are consenting to its use as detailed. Further information about the use of your personal information and data protection is available on our website www.dorsetcouncil.gov.uk or by contacting the Council's Data Protection Officer.