



APPLICATION FORM

**Alterations to Council-Owned
Properties on Medical Grounds**

Information

To complete your application:

1. You will need to complete and sign the Application Form.
2. You need to sign the Data Processing Form. The Council treat all the information and personal data you provide as confidential. We do this in line with the General Data Protection Regulation (GDPR) and Data Protection Legislation. To process your application, we may share your personal information with the Department of Housing, Local Government and Heritage, occupational therapists and contractors carrying out works to your property.
3. You need to have your doctor complete, sign and stamp the Doctor's Certificate.

Please send the 3 documents to:

**Alterations to Council-Owned Properties on Medical Grounds,
Dun Laoghaire-Rathdown County Council,
Housing Department,
Level 2,
County Hall,
Dun Laoghaire
Co. Dublin
A96 K6C9**

**Or you can submit a scanned copy of these documents to
alterations@dlrcoco.ie**

To process an application for alterations, the Council requires the applicant to meet the following requirements:

- A clear rent account (or have a repayment plan in place for any arrears)
- No repossession proceedings ongoing for the property
- No transfer application to another property in place.

Details of the applicant

Name	
Address	
Eircode	
Date of birth	
Email Address	
Contact Phone Number	

**Details of person who is completing this application form
(If different from the applicant)**

Name	
Address	
Eircode	
Date of Birth	
Email Address	
Contact Phone Number	
Relationship to the applicant	

Details of all persons living in the property (including tenants)

Name	Date of Birth	Relationship to Tenant

Type of property

Mid-Terrace	End-Terrace	Detached	Semi-Detached	Other

Number and description of rooms in the property

No. of Bedrooms	No. of Living Rooms	No. of Bathrooms / W.C.

	Number of occupants in each room
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	

Previous Alterations

Have alterations been carried out at your property previously?	Yes	No	Unsure

If Yes, please provide details	
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Details of Works Required

What is the disability, injury, or illness?

What works are required to assist the applicant? (Please tick as appropriate)

Level Access Bathroom	
Downstairs WC	
Stairlift	
Track Hoist	
Grab Rails	
Ramp	
Extension	
Other	

If Other, provide description of works

How would these alterations assist the applicant?

Doctor's Certificate

Your Doctor must complete this section in order to apply for alterations to your Council-Owned property.

Details of the person who the alterations are for

Please answer all of the following questions using BLOCK CAPITALS.

Name	
Address	
Condition(s) person suffers from	
Nature and degree of disability or mobility problem:	
Is the applicant a full-time wheelchair user?	

Doctor's Certificate (Continued)

To help decide how urgent the application is, please tick ✓ the appropriate box.

Priority 1	
The person is terminally ill or fully/mainly dependent on family or a carer; or	
Adaptations to the home would help them leave hospital/residential care.	
Priority 2	
The person is mobile, but they need help to access washing, toilet facilities, bedroom, and so on; or	
The person's ability to function independently would be harder without the adaptations.	
Priority 3	
The person is independent, but they need special facilities to improve their quality of life such as a separate bedroom or living space.	

Details of Doctor

Doctor's Name	
Address	
Eircode	
Email Address	
Phone Number	

Signed: _____



Applicant Declaration

I declare that the information and details I have given on this application are true and correct.

Signature of applicant

Date

Data Processing Consent Form

Regarding the Information you provide:

Data Processing - What we use it for:

The information you provide will enable Dún Laoghaire-Rathdown County Council to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons with a Disability.

Data Retention - How long will we hold on to the information provided:

The information you provide will be held on file in line with Dún Laoghaire-Rathdown County Council's Data Retention Policy.

Data Security - Who has access to this information?

Dún Laoghaire-Rathdown County Council take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against its accidental loss or destruction. Dún Laoghaire-Rathdown County Council undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons With a Disability

Processing of Sensitive Personal Data/Special Categories of Data

Dún Laoghaire-Rathdown County Council is committed to protecting the rights and privacy of individuals in accordance with Data Protection legislation. Dún Laoghaire-Rathdown County Council publish a Privacy and Data Protection Statement on their website:

(<https://www.dlrcoco.ie/en/councildemocracy/governance/data-protection-andgdpr>).

Explicit Consent

The information you are providing with this form relates to 'sensitive personal data/special categories of data' as defined in Data Protection legislation, (e.g. Data relating to health) and explicit consent from the data subject in relation to this information is required in order to process your application.

Should you wish to withdraw your consent please email alterations@dlrcoco.ie quoting the application number, your name and detailing that you wish to withdraw your consent.

Consent

I _____ consent to Dún Laoghaire Rathdown County Council processing the personal data and special category data submitted with this form for the purpose of the Awarding Authority making a determination in relation to the approval of an application for alterations to Council Rented Dwelling for Persons with a Disability

I understand that I can withdraw my consent at any time.

Signed: _____ **Date:** _____