

Real Nappy Trial Pack Claim Form

Please fill in this form and return it to:

Real Nappy Incentive, Bradford Council

Recycling & Waste Minimisation Office, Harris Street, Bradford, BD1 5HU

Title First Name Surname.....

Address:

Postcode:

Telephone Number:

Email Address:

Baby's name (if known):

Baby's weight (if born):

Baby's date of birth or expected due date:.....

Please enclose:

- A photocopy of proof of residence (such as a Council Tax bill or utility bill)
- A photocopy of your child's birth certificate (if born)

OR

- Midwife's signature and hospital or medical practice stamp (if baby not yet born)

I certify that the above details are correct.

I am aware that I will be contacted for an update on the progress of my use of real nappies for the purpose of evaluating the scheme.

Parent's signature: Date:.....

Midwife's signature: Date:.....

Hospital or Medical Practice stamp

Terms & Conditions

1. The child must be a resident within the Bradford Metropolitan District Council boundary.
2. The child must be under the age of 6 months.
3. Only one claim can be made per child.
4. This scheme is subject to availability.
5. If you have any questions, please contact the Recycling office 01274 438883.

The information which you supply will be held on a database. It will only be used by Bradford Metropolitan District Council and the Real Nappy Project at BEAT in its management and provision of services to you. The information provided will not be disclosed to any external organisations.

