

Charlies Foundation for Research – SCGH - Containers for Change - Bin Application

Please discuss with you Head of Department/Line Manager before you complete this form to request a labelled 240L Containers for Change bin or a CFC bag for your department or area

Date: _____

Hospital: Sir Charles Gairdner Hospital Osborne Park Hospital

Department/Area Name: _____

Location (if applicable): _____

Contact Person (C4C Representative)

Full Name: _____

Position/Role: _____

Email: _____

Requirements & Responsibilities

Please confirm you understand the following:

I am aware of the Containers for Change program requirements and responsibilities:

- Keeping the bin clean, secure, and in a safe location within your area
- Ensuring signage remains visible
- Preventing contamination by displaying and promoting signage
- Arranging for a person in your department to take bins to the designated collection area when full
- Following the bin swap and collection process

Agreement

I agree to follow the Charlies Foundation for Research Containers for Change process and guidelines.

Signature: _____

Date: _____

HOD/Line Manager Signature:

Submission

Please email the completed form to: fundraising@charliesfoundation.org.au

