

COUNCIL TAX DISCOUNTS

DISCOUNTS FOR STUDENT/STUDENT NURSES

The Local Government Finance Act 1992 provides that any person who is a student or student nurse will not be counted in the total number of adult residents for Council Tax purposes.

If a member of your household is a student/student nurse, aged 18 or over, you may qualify for a Council Tax discount.

A qualifying student is a person who complies with the conditions shown below:

- a) An 18 or 19 year old undertaking a course of non-advanced further education (i.e. a course up to 'A' level or BTEC National Diploma standard) of at least 21 hours per week.
- b) A person of any age undertaking a full time course of further or higher education at a University or College of at least 21 hours per week
- c) A Nurse studying under Project 2000 arrangements.
- d) A foreign language assistant registered at the central Bureau for Educational Visits and Exchange and appointed at a school or other educational establishment.

A student nurse is a person who complies with the following conditions:

Undertaking a course which would (if successfully completed) lead to registration on any of Parts 1 - 6 or 8 of the register maintained under section 10 of the Nurses, Midwives and Health Visitors Act 1979 as a first inclusion on that register.

If you consider that you may qualify for a discount please complete and sign the application form and return it to me, together with a student certificate confirming the course, to the above address. **A certificate must be obtained from the educational establishment and presented with your application. This is available only on request by the student.**

You **MUST** inform me if there are any changes to the information you provide.

G Hawkins
Assistant Director (Benefits and Taxation)

COUNCIL TAX DISCOUNTS – STUDENTS/STUDENTS NURSES

This form should be completed by the person who is liable for payment of the Council Tax and returned to the Finance & Property directorate (address shown overleaf).

Please write in ink and use BLOCK LETTERS.

1.	<p>FULL NAME & ADDRESS OF APPLICANT Surname:..... First Name (s)..... Address: COUNCIL TAX ACCOUNT NUMBER</p>
-----------	---

2.	<p>NUMBER OF RESIDENTS How many adults aged 18 or over live in the property? <i>Note. Include yourself and the person for whom a discount is claimed</i></p>
-----------	---

3.	<p>FULL NAME OF THE PERSON FOR WHOM THE DISCOUNT IS CLAIMED. Surname First Name(s) Date of Birth</p>
-----------	---

4.	<p>PLACE OF STUDY: Address: Full title of course: Date of commencement of course: Date course is due to cease:..... Number of hours of tuition per week:</p>
-----------	---

5.	<p>WHERE DOES THE PERSON NAMED IN 3 ABOVE LIVE DURING TERM TIME? Address:..... When did he/she move to this address? What was the person's usual home address (if different to address overleaf)? </p>
-----------	---

6.	<p>DO ANY OF THE FOLLOWING APPLY?</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Is Child Benefit paid on behalf of the above named?</td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%; text-align: right;">Please ✓</td> </tr> </table> <p>If YES please state the last date on which Child Benefit is payable </p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Is the above named: - A Student Nurse ?</td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> <td></td> </tr> </table> <p>If YES are they studying through work for an additional entry on the Register ?</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> <td></td> </tr> </table> <p>- An Apprentice? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>- A Youth Training Trainee? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Is Child Benefit paid on behalf of the above named?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please ✓	Is the above named: - A Student Nurse ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is Child Benefit paid on behalf of the above named?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please ✓									
Is the above named: - A Student Nurse ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Yes <input type="checkbox"/>	No <input type="checkbox"/>											

7.	<p>DECLARATION I declare that the information on this form is complete and accurate to the best of my knowledge and belief. Signature: Date:</p> <p>WARNING : Deliberately giving incomplete or false information could lead to a penalty of £50.</p>
-----------	--