

Council Tax Discount Claim Form

APPLICATION FOR PERSONAL DISREGARD - STUDENT NURSES

Please read the attached notes carefully before completing the form. Please write in ink and use BLOCK CAPITALS.

COUNCIL TAX REFERENCE NO - _____

ADDRESS -

HOUSEHOLD DETAILS:

1. PLEASE STATE THE NUMBER OF PEOPLE WHO ARE AGED 18 OR OVER AND RESIDENT IN YOUR HOUSEHOLD IN ADDITION TO YOURSELF - _____

2. PLEASE STATE THE NAMES AND DATES OF BIRTH OF ALL MEMBERS OF YOUR HOUSEHOLD WHO ARE PRESENTLY 16 OR 17 YEARS OLD:-

NAME _____ DATE OF BIRTH _____

DETAILS RELATING TO THE STUDENT NURSES

Surname	First Names	Course Start Date	Course Finish Date
_____	_____	_____	_____
_____	_____	_____	_____

Tick box if on Project 2000

PLEASE PROVIDE CERTIFICATION OF COURSE OF STUDIES

DECLARATION

I understand that the Council may wish to check the information I have given. I will tell the Council immediately about changes in the status of the property I understand that under the Local Government Finance Act 1992, anyone giving false information could be prosecuted or face imposition of penalties. As far as I know the information I have given is true and accurate.

SIGNATURE _____ **DATE** _____

NAME (BLOCK CAPITALS)

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ADDITIONAL NOTES

Student Nurses are disregarded for discount purposes if they are undertaking a course which would lead to a qualification under Section 10 of the Nurses, Midwives and Health Visitors Act 1979 as a first inclusion on that register.

Student Nurses who are undertaking Project 2000 Courses are also disregarded for discount purposes.