

# COUNCIL TAX STUDENTS AND STUDENT NURSES



## COUNCIL TAX (RESOURCES)

Town Hall, Ripley, Derbyshire, DE5 3BT

Tel: 01773 841440

Fax: 01773 841462

SMS: Text COUNCIL and your message to 60060

E-mail: council.tax@ambervalley.gov.uk

Web: www.ambervalley.gov.uk

Ref number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

If a person who lives at this property is a full-time student or student nurse, it would be helpful if you could fill in this form so that I can decide how much council tax should be paid. Please send it back to me at the above address. If there is more than one student at this property, please give details of any others on a separate piece of paper or contact a member of my staff at the above address for another form.

1. Name of full-time student/student nurse: \_\_\_\_\_

2. Date of birth of student/student nurse: \_\_\_\_\_

3. Student's home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Number of people living in this property (aged 18 or over): \_\_\_\_\_

5. Name and address of College/University Nursing College etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Title of course: \_\_\_\_\_

7. Date course started: \_\_\_\_\_

8. Date course is expected to finish: \_\_\_\_\_

9. Address to be occupied by the student during course (if different from address shown at the top of this form):  
\_\_\_\_\_  
\_\_\_\_\_

'This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of error, fraud and crime. It may also share and match this information with other bodies responsible for auditing or administering public funds for these purposes'.

### Declaration

**I declare that to the best of my knowledge the information given on this form is true and complete. I understand that the information may be held by the Council on a computer and used for Revenue and Benefit purposes in accordance with the Data Protection Act 1998.**

**I understand I must notify you immediately if the student finishes his/her course or if there are any changes to the property or household which may affect any reduction I am granted.**

Full name: \_\_\_\_\_

Signed (applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Daytime tel no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Not compulsory but useful if we need to contact you)

Please ensure that part B on the reverse of this form has been completed and stamped by the college or university.

**Council Tax — Student certificate**

This certificate is not valid unless signed by a recognised officer and endorsed with an official stamp.

**Part A — To be completed by the student/student nurse**

Full name: \_\_\_\_\_

Address whilst at college: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of course: \_\_\_\_\_

Is this a project 2000 Course: \_\_\_\_\_ YES / NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B — To be completed by college, university or hospital**

I certify that pursuant to Regulation 4 of the Council Tax (Discount Disregards) Order 1992 that the person named above is enrolled with this establishment for the purpose of attending a full-time education course named above. In the case of Student Nurse this will lead to the first inclusion on any parts 1 to 6, 8, 10 or 11 of the Register maintained under Section 10 of the Nurses, Midwives and Health Visitors Act 1979.

Date person commenced course: \_\_\_\_\_

Date person is expected to complete course: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL STAMP**

**When completed, this form should be sent to:**

**Council Tax (Resources)**

**Town Hall**

**Ripley**

**Derbyshire**

**DE5 3BT**

