



DATE OF ISSUE:
PROPERTY REFERENCE:

- COUNCIL TAX**
- STUDENTS
 - STUDENT NURSES
 - APPRENTICES
 - YOUTH TRAINING TRAINEES

APPLICATION TO BE DISREGARDED FOR THE PURPOSES OF DISCOUNT

Please read the notes before you complete this form.

I think that a person in my home may be disregarded for the purposes of discount for Council Tax for the following reason:

PLEASE TICK THE APPROPRIATE BOX

- (1) A person who is a student enrolled in full-time education at a prescribed educational establishment which lasts for at least an academic year or one calendar year. The student attends the course for at least 24 weeks a year and is required to study for at least 21 hours per week, on average when in attendance.

STUDENT CERTIFICATE TO BE RETURNED WITH THIS FORM

FULL NAME

EDUCATIONAL ESTABLISHMENT AND COURSE

- (2) A person who is under 20 years of age, NOT employed, studying for more three calender months and at leasr 12 hours per week on a qualifying course of education up to A level, ONC or OND standard.

STUDENT CERTIFICATE TO BE RETURNED WITH THIS FORM

FULL NAME

DATE OF BIRTH

EDUCATIONAL ESTABLISHMENT AND COURSE.....

.....

PLEASE SIGN THE DECLARATION ON THE OTHER SHEET OF THIS FORM



- (3) A person who is a foreign language assistant registered with the Central Bureau for Educational Visits & Exchanges at a school or, other Educational Institution in Great Britain.

CONFIRMATION OF REGISTRATION WITH THE CENTRAL BUREAU FOR EDUCATIONAL VISITS & EXCHANGES TO BE RETURNED WITH THIS FORM.

FULL NAME

DATE OF BIRTH

- (4) A person who is a student nurse on a course leading to registration on any of Parts 1 to 6, 8, 10 and 11 of the Register of the Nurses, Midwives and Health Visitors Act 1979.
Only student nurses studying their first inclusion on the Register Qualify.

FULL NAME

- (5) A person who is an apprentice undertaking a training programme which will lead to a qualification recognised by the National Council for Vocational Qualifications and paid a maximum of £160.00 per week.

CONFIRMATION FROM THE EMPLOYER OF THE NATIONAL COUNCIL FOR VOCATIONAL QUALIFICATION, TOGETHER WITH SALARY DETAILS, TO BE RETURNED WITH THIS FORM.

FULL NAME

- (6) A person who is a youth training trainee or a youth credit trainee under 25 years of age undertaking training through arrangements made under the Employment and Training Act 1973 and recognised as an approved training scheme.

FULL NAME

CONFIRMATION THAT HE/SHE IS UNDER 25 YEARS OF AGE, TOGETHER WITH DETAILS OF THE QUALIFYING SCHEME TO BE RETURNED WITH THIS FORM.



SOUTH STAFFORDSHIRE COUNCIL
R Wolfe, I.R.R.V, Head of Local Taxation Services, PO BOX 1, Council Offices, Codsall,
South Staffordshire, WV8 1QL

DECLARATION

I declare that the information given on this form is correct to the best of my knowledge.

Name (BLOCK CAPITALS): _____

Signature: _____ Date: _____

Telephone Number: _____

YOU DO NOT HAVE TO GIVE A TELEPHONE NUMBER – BUT IT WOULD BE HELPFUL IN CASE WE NEED TO CONTACT YOU.