STUDENT/STUDENT NURSE DISCOUNT

Property reference
Account reference
Date of issue

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are ‘disregarded’ for Council Tax purposes – that is they are treated as if they are not resident, which can result in a discount.

A person normally resident in the property and who is a STUDENT/STUDENT NURSE will be disregarded if they satisfy the conditions set out below:-

♦ Undertaking a full time course of education at a University, Theological College or other institution or establishment which provides further or higher education, which lasts for at least one year, and which averages 21 hours study / tuition / work experience in one week for a period of at least 24 weeks in one year. OR

♦ Undertaking a course at a College of Nursing & Midwifery or College of Health where the course, if successfully completed would result in the registration of that person on the Register maintained under Section 10 of the Nurses, Midwives and Health Visitors Act 1979, for the first time. OR

♦ Under 20 years old undertaking a qualifying course of education which is not higher education or a correspondence course which takes place between the hours of 8.00am and 5.30pm, for at least 12 hours per week and lasts for at least 3 months. OR

♦ A foreign language student, registered with the Central Bureau for Educational Visits and Exchanges, and is appointed as such to a school or other institution in the UK.

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS.

Please complete this form in full as West Lindsey can only use the information provided by you. Should you have any queries, require further information or have difficulty reading this form, please contact West Lindsey at the above address, or visit our other Council office at Market Rasen.

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.
**SECTION 1**

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Name and address of College/University:</td>
<td>What is your term time address?</td>
</tr>
<tr>
<td>Name and Level of course:</td>
<td>Length of course:</td>
</tr>
<tr>
<td>Start date:</td>
<td>Expected end date:</td>
</tr>
<tr>
<td>Which year or part of year being studied:</td>
<td>Is any work experience included this year in the course? YES/NO</td>
</tr>
</tbody>
</table>

If YES please give details

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**SECTION 2**

Please provide a STUDENT CERTIFICATE, available from your Registrar confirming your student status.

A discount will NOT be granted until this claim form together with a student certificate has been correctly completed and returned to the Council Tax Section

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**SECTION 3**

Total number of adults aged 18 years or over who are resident in the property.  
Total number of students living in the property  
(Please also give the name(s) and date(s) of birth of anyone who is aged 16 or 17)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
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<th>Date of birth</th>
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**SECTION 4**

**DECLARATION AND SIGNATURE**

**WARNING:** Deliberately giving false information could lead to prosecution

If your course ends you should contact us immediately to notify the change as failure to do so could lead to prosecution and a penalty of £70 being charged.

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature  
Date

Full name in capitals  
Contact telephone No.