



Name \_\_\_\_\_

Subject Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Tax Reference Number \_\_\_\_\_

**[TemplateQuestion:105] COUNCIL TAX DISCOUNT APPLICATION - STUDENT NURSE**

Dear Sir/Madam

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the undernoted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please provide the information requested overleaf, sign the declaration and return the form to the address shown below.

**QUALIFYING CONDITIONS: STUDENT NURSE**

A person who, undertaking a course which would, if successfully completed, lead to first-time registration

1. Parts 1 to 8 of the Register maintained under Section 10 of the Nurses, Midwives and Health Visitors Act 1979.
2. Part 10 of the above Register where that person is employed by a Health Board, Regional or District Health Authority.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Judy Orr'.

JUDY ORR

Head of Customer & Support Services

**Data Protection Fair Processing Notice:** Argyll and Bute Council, or their agents, will hold information supplied in accordance with the provisions of the Data Protection Act 1998, we will use the information you have supplied primarily for the collection and administration of tax. The information may also be used for other legitimate purposes e.g. housing and council tax benefit administration or private landlord registration. This information may also be shared with other Councils, governmental and quasi-governmental bodies. By completing and submitting this form you consent to the use of your personal data including, where appropriate, sensitive personal data. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. The set fee (where applicable) will be charged. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilphead, PA31 8RT.

**SECTION 1: TO BE COMPLETED BY A LIABLE PERSON**

I apply for discount on the basis that

(name) \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

meets the qualifying conditions noted overleaf.

The number of adults (including the above named) usually resident in the house is

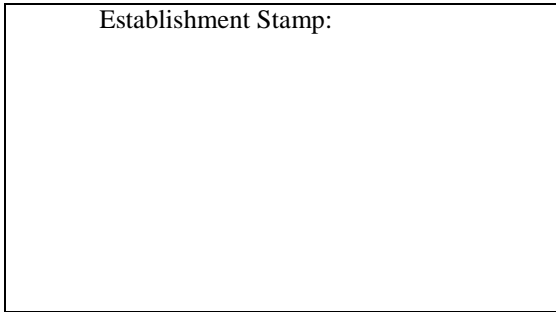
**SECTION 2: TO BE COMPLETED BY EDUCATIONAL ESTABLISHMENT**

I confirm that the above named person is undertaking the following course of education:

Certificate/Qualification: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Establishment Stamp:   
 

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

Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECLARATION**

I declare that the information on this form is true and complete and I authorise Argyll & Bute Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of  
Liable Person: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_