



Revenues Service  
P.O. Box 60  
Leeds LS2 8JR

Acct Ref No:

## **Council Tax - Application for Student Nurse Discount**

You may get a discount if the student nurse is:

- employed as a student nurse but taking a course which will lead to registration on any of Parts 1 to 6, or Part 8, of the nursing Register, and this will be their first inclusion on that Register; **or**
- not employed as a nurse but taking a nursing degree or diploma course and getting a student grant or scholarship.

To claim the reduction, please fill in the back of this form and send it back to us.

Please make sure you send us all the information and proof we have asked for. We will not be able to give any discount or exemption until we have received everything we need.

If you have any questions about the form, please contact us.



## Application for Student Nurse Discount

1. Please give the address you are claiming the discount for.

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.....

Please give your Council Tax account number: .....

2. Please list all the people who live at the above address who are 18 or over.

.....  
.....  
.....  
.....

3. Which of the above people is the student nurse? .....

4. Is the student nurse:

a) employed as a nurse and getting a salary whilst training? **Yes / No** If yes, go to part 5.  
or

b) on a nursing degree or diploma course and getting a grant or scholarship? **Yes / No**  
If yes, please give your student number and the name of the college/university you attend:

Student number..... Name of college/university\* .....

\* If you are **not** at Leeds University or Leeds Metropolitan University (LMU), please get a **Council Tax Student Certificate** from your college/university and **send it to us with this form**. If you are at Leeds University or LMU, you do not need a certificate unless we ask for one later.

5. If you answered yes to question 4a) above, please give the following information:

a) the name and address of the student nurse's nursing school.

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.....

b) his/her student number or course reference number .....

**Please ask the Head of the Nursing School, or his/her representative, to fill in and sign parts c) to f) below.**

c) Is the person named in 3. above taking a course which will lead to registration on any of Parts 1 to 6, or Part 8, of the nursing Register? **Yes / No**

d) If successful, will this be their first inclusion on that Register? **Yes / No**

e) Please give his/her course start and end dates: Start date: .....  
End date:.....

f) Signed:..... Position in Nursing School.....  
Date:.....

Nursing School stamp:

6. Declaration - **the person(s) named on the Council Tax bill must sign this declaration.**

The information I have given on this form is true and complete.

Signature: ..... Date: .....

Please give a daytime phone number in case we need to speak to you about this form

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*In line with Data Protection law, we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council services or public organisations if they need it in order to carry out their legal duties.*

CTALLOW