

TO:



Bolsover District Council, The Arc,
High Street, Clowne, Derbyshire S43 4JY

Council Tax Helpline: **01246 242440**

Recovery Helpline: **01246 242560**

Benefits Helpline: **01246 242436**

Email: revenues@bolsover.gov.uk

PROPERTY REFERENCE NUMBER:

DATE OF ISSUE:

COUNCIL TAX DISCOUNT DISREGARDED PERSONS - STUDENTS/STUDENT NURSES

The full Council Tax bill assumes that there are 2 adults residing in a dwelling. If someone in your dwelling is either a student or a student nurse you may qualify for a discount.

A) STUDENTS

A person qualifies as a student if he/she is on a full time course of education at College or University, or other educational establishment. The course must last for at least one year and involve at least 21 hours of study/tuition/work experience per week for at least 24 weeks in the year. This will include student nurses studying academic courses at Universities or Colleges or who are on project 2000 courses.

B) STUDENT NURSES

A person qualifies as a student nurse if he/she is on a course leading to registration on any parts 1 to 6, 8, 10 and 11 of the Nursing Register. Only student nurses studying for their first inclusion on the Register will be included for this disregard.

PLEASE NOTE - Where a course includes periods of work experience, it is not treated as a full time course of education unless the hours of tuition exceed the number of hours work experience for the whole course.

Please complete sections 1 and 2 overleaf. Section 2 **MUST** be completed by the relevant educational establishment or hospital.

SECTION 1 Persons to be disregarded

You should complete this section in respect of any person who you consider should be disregarded, in the assessment of Council Tax discounts, because they are students.

Total number of adults resident in the property (include anyone over 18 years)

Name of student:		D.O.B.:	
Name of course:			
Exact date course started:			Exact date course ends:
Name and address of educational establishment/hospital			

DECLARATION I declare that the information given above is correct to the best of my knowledge.

Signature of applicant:		Date:	
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SECTION 2 Student/Student Nurse Certification

This section is to be completed by the educational establishment

Name of student:			
Course Title:			
Exact date course commenced:			Anticipated completion date:
Home address:			
Please specify the number of hours required per week in order to complete the course:	OFFICIAL STAMP		
Tuition	<input type="text"/>		
Study	<input type="text"/>		
Work experience	<input type="text"/>		

Signed by:		Position held:		Date:	
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All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. Certain information may be shared with other council departments, third party organisations and for the prevention of fraud.