



**APPLICATION FOR COUNCIL TAX DISCOUNT  
STUDENT NURSES**

Council Tax Reference Number:.....

Full Names of Council Taxpayer(s):  
.....

Address:.....  
.....  
.....

Telephone Number:.....

Thank you for your recent enquiry regarding Council Tax Discount because someone living in the property is a student nurse.

If you think you may qualify for discount under this category, please complete the following questions and return this form so that any entitlement can be assessed.

This application for discount must be made by the person liable to pay the Council Tax and not by the person eligible for the discount (unless they are the same).

(BLOCK CAPITALS)

1. Name of student nurse \_\_\_\_\_  
(Includes project 2000)
2. Address of College/University \_\_\_\_\_  
\_\_\_\_\_
3. Title of course \_\_\_\_\_
4. Start date of course \_\_\_\_\_ End date of course \_\_\_\_\_
5. Please enclose a certificate from University/College confirming student/student nurse status (Educational institutions are required to provide these certificates on request). **IF A CERTIFICATE IS NOT RETURNED WITH THIS FORM THE CLAIM CANNOT BE ASSESSED**
6. How many adults are living in the property? \_\_\_\_\_

**NB** students should only been included as part of the household if the above address is their normal term-time home and not where they stay during their holiday periods.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME (Block Capitals) \_\_\_\_\_

**Please return form to Revenues Department, West Wiltshire District Council,  
Bradley Road, Trowbridge, Wiltshire BA14 0RD**