



For office use Only

PRN:

DATE SENT:

### **APPLICATION FOR COUNCIL TAX DISCOUNT - STUDENT NURSES**

Thank you for your enquiry regarding a reduction in your Council Tax. Please fill in this form and return it immediately to: **Birmingham City Council, Resources, (Revenues and Benefits), P.O Box 5, Birmingham B4 7AB.**

For discount purposes, a student nurse means a person undertaking a course which if successfully completed would lead to registration under the Nurses, Midwives and Health Visitors Act 1997.

#### **Section A**

Including yourself, how many people live in your home  
Who are aged 18 or over?

#### **Section B**

Please fill in the following information.

- i. Full name of student nurse \_\_\_\_\_
  
- ii. Name and address of College of Health or College of Nursing and Midwifery.  
\_\_\_\_\_  
\_\_\_\_\_
  
- iii. The title of the course \_\_\_\_\_
  
- iv. Date course started \_\_\_\_\_
  
- v. Date course is expected to finish \_\_\_\_\_

vi. If you are already included on a nurses register please state which one.

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**You must also send in the student certificate. This can be obtained from the College.**

**Section C**

**Birmingham City Council has a duty to maintain accurate records for billing and collection of Council Tax. In order to meet this requirement the City periodically reviews all records including those where allowances discounts and reliefs are granted. These records may be checked by using information already held by the City and its partner organisations such as credit referencing agencies to identify cases where such allowances, discounts and reliefs no longer apply.**

**Declaration**

I declare the information that I have given is correct and complete to the best of my knowledge. I understand the council may make enquiries to verify the information I have given.

I will notify you immediately if my circumstances change which will affect the amount of Council Tax I am charged.

Please sign the form and give your daytime telephone number, as it may help us to deal with your application quickly.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_