

**COUNCIL TAX APPLICATION FOR DISREGARD FOR DISCOUNT PURPOSES
STUDENT NURSE**

DETAILS OF THE PERSON TO BE DISREGARDED

Council Tax Account Reference Number:

1. Last Name: First Name/s:
2. Home address:
.....
3. Employer's name and address:
.....
.....
Telephone number:
4. Date course started:
5. Date course due to end:
6. Qualification expected at the end of the course:

Don't forget to enclose the letter of confirmation from the student nurse's employer

7. Number of people aged 18 or over who have your address as their main home (including any people to be disregarded):

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8. Number of people aged 16 or 17 who have your address as their main home:

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9. **DECLARATION – Warning: deliberately giving false information could lead to prosecution.**

I declare that the information I have given on this form is complete and accurate to the best of my knowledge.

Signature: Date:

Full name: (BLOCK CAPITALS)

Daytime telephone number:

Please send form to: Mid Sussex Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU

Information will only be used by Mid Sussex District Council and its employees in accordance with the Data Protection Act 1998. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.