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**WOKINGHAM
BOROUGH COUNCIL**

APPLICATION FOR DISCOUNT/EXEMPTION FOR A RESIDENT WHO IS A STUDENT / STUDENT NURSE/FOREIGN LANGUAGE ASSISTANT

The effect of disregarding certain adults may be to reduce the council tax bill.

Example - 4 Adults residing in a property

1) one person in disregarded category	100% charge as there are still more than 2 adults to be counted
2) two person in disregarded category	100% charge as there are still 2 adults to be counted
3) three person in disregarded category	75% charge as only one adult to be counted
4) four person in disregarded category	0% charge as there no adults to be counted

What are the conditions under which a student nurse is disregarded?

A student nurse is disregarded if he/she is undertaking a course which, if successfully completed, would lead to registration under the Nurses, Midwives and Health visitors Act 1979.

What are the conditions under which a student is disregarded?

A student must be either:

- a) Attending a full-time course of further or higher education at a University, College or other educational establishment. The course must be of at least one year's duration and involve at least 21 hours attendance per week for at least 24 weeks in the year; OR
- b) Under 20 years of age and attending a course which lasts more than 3 calendar months and involves at least 12 hours' attendance per week . The course must not be undertaken by correspondence, or in consequence of the person's job nor must it be a course of higher education.
- c) Foreign language assistants registered with the British Council for the period employed in the UK by an educational establishment.

Complete the form and return it, **together with a certificate completed by the Certification Officer at their educational establishment**, (the Certification Officer will supply a certificate, on request, verifying the course being undertaken and the period of attendance) to the address below.

**APPLICATION FOR DISCOUNT/EXEMPTION FOR A RESIDENT WHO IS A STUDENT /
STUDENT NURSE / FOREIGN LANGUAGE ASSISTANT**

Property Address _____

Full name of student/student nurse _____

Title of Course _____

Start Date of Course _____

Expected End Date _____

Address of Educational Establishment: _____

Telephone Number _____

Is the student registered with the British Council?

☐

Yes

☐

No

Full name of student/student nurse _____

Title of Course _____

Start Date of Course _____

Expected End Date _____

Address of Educational Establishment: _____

Telephone Number _____

Is the student registered with the British Council?

☐

Yes

☐

No

Please send a student's Council Tax certificate (obtainable from the University or college with this form for each student).

Please write in the box the total number of adults resident (over 18)

Council Tax Reference number

Declaration

(To be signed by a person liable to pay the Council Tax on the property)

I declare that the information given on this form is correct to the best of my knowledge and that I will notify the Council if the above named person ceases to be a student before the date shown.

Name _____

(BLOCK CAPITALS)

Signature _____

Date _____

**Please return this form to: The Revenues Section, Wokingham Borough Council, P. O. Box 152,
Council Offices, Shute End, Wokingham, RG40 1WJ.**