



**NORTH WARWICKSHIRE BOROUGH COUNCIL
THE COUNCIL HOUSE, SOUTH STREET,
ATHERSTONE, WARWICKSHIRE, CV9 1DE**

TELEPHONE (01827) 719368 FAX (01827) 719412
E-MAIL counciltax@northwarks.gov.uk

APPLICATION FORM FOR COUNCIL TAX DISCOUNT – STUDENT NURSE

Your Name	
Your Address	

You have indicated that _____ who lives at the above address is a student nurse.

A discount may be available if the following conditions apply. Please complete the appropriate boxes.

Are you attending a college of Nursing and Midwifery ?	YES / NO
Are you attending a college of Health	YES / NO
When the course is successfully completed, would it lead to first registration on the Register maintained under section 10 of the Nurses, Midwives and Health Visitors Act 1979 ?	YES / NO
Name and address of College being attended	
Telephone Number of College being attended	
Course Start Date	
Course End Date	
Total number of resident adults in the property (aged 18 years or over)	

PLEASE ENCLOSE A STUDENT CERTIFICATE, OBTAINABLE FROM YOUR COLLEGE TO CONFIRM YOUR STUDENT STATUS

I declare that the information I have given in this form is true and accurate. I will notify the council tax office immediately if any of the above information changes.

SIGNED..... DATE

NAME

TELEPHONE NUMBER (You do not have to supply this information but it will be helpful if contact is necessary).

Home Work Mobile

E-mail Address