

**Corporate and Community Services Department**

**Director: Caroline Innes**

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When calling please ask for: Customer Services

Our Ref: WEBFORM



**Name:**

**Address:**

**COUNCIL TAX DISCOUNT**

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the under noted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please provide the information requested overleaf, sign the declaration and return the form to the above address.

**QUALIFYING CONDITIONS : STUDENT NURSE**

A person who is undertaking a course, which would, if successfully completed, lead to first-time registration under: -

1. Parts 1 to 8 of the Register maintained under Section 10 of the Nurses, Midwives and Health Visitors Act 1979.
2. Part 10 of the above Register where that person is employed by a Health Board, Regional or District Health Authority.

<b>Our Service Standards:</b>	>	<i>We will reply to all mail within 20 working days.</i>
	>	<i>We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days.</i>
	>	<i>We will update the customer's account within 2 working days of payment at a council office or within 2 working days of notification being received from the council's bankers or Girobank</i>
	>	<i>We will ensure that all residents are notified within six weeks of a missed payment.</i>

**DISCOUNT: STUDENT NURSE**

**SECTION 1: TO BE COMPLETED BY A LIABLE PERSON**

I apply for discount on the basis that

Name: .....

Date of Birth: ..... / ..... / .....

meets the qualifying conditions noted overleaf.

The date these circumstances took effect ..... / ..... / .....

The number of adults (including the above named) resident in the house at the above date is

The number of adults (including the above named) usually resident in the house is

**SECTION 2: TO BE COMPLETED BY THE EDUCATIONAL ESTABLISHMENT**

I confirm that the above person is undertaking the following course of education :-

Certificate/ Qualification: .....

Course Name: .....

Course Start Date: ...../...../..... Course End Date: ..... / ..... / .....

**Establishment Stamp**



**Signed:** .....

**Position:** .....

**Date:** ..... / ..... / .....

**DECLARATION**

I declare that the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence, which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

**Signature of Liable Person** ..... **Date** ..... / ..... / .....

**Daytime Tel Number:** ..... **Email Address:** .....

(You do not have to tell us these but it may help us deal with your discount application quicker)