

COUNCIL TAX APPLICATION FORM FOR DISREGARD FOR DISCOUNT PURPOSES – STUDENT NURSE

DETAILS OF THE PERSON TO BE DISREGARDED	
Council Tax Account Reference Number	
First Name	
Last Name	
Home Address	
Employer's name and address	
Employer's Telephone Number	
Date course started	
Date course due to end	
Qualification expected at the end of the course	
DON'T FORGET TO ENCLOSE THE LETTER OF CONFIRMATION FROM THE STUDENT NURSE'S EMPLOYER	
Number of people aged 18 or over who have your address as their main home (including any people to be disregarded)	
Number of people aged 16 or 17 who have your address as their main home	

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The 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.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	