



**County Treasurer**  
Revenues & Benefits Services

	Your Ref:	
	Our Ref:	
	Please ask for:	Council Tax
	Telephone:	01432 260360
	Fax:	01432 260484
	E-mail:	counciltax@herefordshire.gov.uk

## Application for Council Tax Discount (Students)

**COUNCIL TAX ACCOUNT NUMBER:** \_\_\_\_\_

**Before filling in this form please read the notes below.**

A discount can be granted if there are fewer than two adults living in a property. When counting the number of adults, student nurses, foreign language assistants, most students and school leavers, may be disregarded.

If you wish to claim a discount, please complete the form in **CAPITAL LETTERS** and return it to: **The Council Tax Department, Herefordshire Council, P.O. Box 224 Hereford, HR1 2XW**

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email or on telephone number **(01432) 260360**. Telephone lines are open from 8:45 a.m. until 5:15 p.m. from Monday to Wednesday, from 8:45 a.m. until 4:00 p.m. on Thursday, and 8:45am until 4:45pm on Friday.

**A. APPLICANT**

(Must be a person liable to pay the Council Tax for the property)

Full name: \_\_\_\_\_

Address of the property (that the discount is being applied for):

\_\_\_\_\_  
\_\_\_\_\_

Please state the total number of people, aged over 18, who live in the property. \_\_\_\_\_

**B. PERSON TO BE DISREGARDED**

(Must live in the property where the discount is being claimed)

Full name: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_

**THE PERSON TO BE DISREGARDED IS:**

(Please tick the appropriate category, and complete sections C and D)

- A STUDENT ON A FULL-TIME COURSE OF EDUCATION**  
i.e. at least 21 hours/week for at least 24 weeks in the year and for at least one year. Includes nurses who are on Project 2000 courses, health visitor training and student midwives on pre-registration courses.
- A STUDENT ON A QUALIFYING COURSE OF EDUCATION**  
i.e. under 20 years of age on a course which lasts for more than 3 months, requires more than 12 hours/week tuition and leads to any qualification up to 'A' level, ONC or OND standard. Correspondence courses, evening classes and courses taken in connection with a job, such as day release, are not included.
- A RECENT SCHOOL/COLLEGE LEAVER**  
i.e. under 20 years of age and ceased a full-time or qualifying course of education after the 30th April. The disregard will generally continue to the following 31st October.
- A STUDENT NURSE**  
On a course leading to registration on the Register maintained under Section 10 of the Nurses, Midwives and Health Visitors Act 1979.
- A STUDENT'S FOREIGN SPOUSE OR DEPENDANT**  
Who is not a British Citizen and is prevented by law from taking paid employment or claiming benefits.
- A FOREIGN LANGUAGE ASSISTANT**  
Who is registered with the Central Bureau for Educational Visits and Exchanges. Please enclose a copy of the Certificate of Registration and complete Section C with details of the educational establishment.

**C. DETAILS OF EDUCATIONAL ESTABLISHMENT**

Name of School / College / University: \_\_\_\_\_

Title of course: \_\_\_\_\_

Date started: \_\_\_\_\_ Date finished / due to finish: \_\_\_\_\_

**AVERAGE ATTENDANCE**

Required: \_\_\_\_\_ Hrs per week: \_\_\_\_\_

**APPROPRIATE DOCUMENTARY EVIDENCE SHOULD BE ENCLOSED IN  
SUPPORT OF THIS APPLICATION**

**For students** please enclose a copy of the Student Certificate issued on request by all colleges and universities specifically for Council Tax purposes.

**For a foreign language assistant** please enclose a copy of the Certificate of Registration with the Central Bureau for Educational Visits and Exchanges.

**For a student's foreign spouse** or dependant please enclose evidence that the person to be disregarded is not a British citizen and that he or she is prevented from taking paid employment or claiming benefits whilst in the UK.

**For those persons under 20 years of age** who are still at school or have recently left, the Head Teacher should be asked to complete the declaration below.

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**DECLARATION BY HEAD TEACHER**

I hereby certify that the student mentioned in Section B overleaf is/was undertaking a course of non-higher education as defined in Schedule 6 of the Education Reform Act 1988 and that the course ceased/is expected to cease on: \_\_\_\_\_ [please insert date].

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**D. DECLARATION BY APPLICANT**

I declare that the information given in this form is correct to the best of my knowledge and belief and that appropriate evidence is enclosed. I understand that I must advise the Council at once if any of the circumstances change.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTES FOR APPLICANT**

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £50 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of Data Protection legislation.