

### **Revenues & Benefits**

Adur & Worthing Councils Portland House 44 Richmond Road Worthing West Sussex, BNII IHS www.adur-worthing.gov.uk

Dear Customer

#### **Council Tax: Students**

Information has been received indicating that you are a student. Certain groups of individuals are disregarded for the purpose of Council Tax provided that they meet <u>all</u> the following criteria:-

#### **Full Time Students**

- a) Must be attending a prescribed educational establishment
- b) Must be undertaking a course of education which lasts for at least one academic year
- c) Must be required to attend the course for at least 24 weeks per year
- d) Must be required to study for an average of 21 hours per week, when in attendance
- e) Must produce a certificate issued by the college, or place of study, confirming the above

## Students under 20 years of age who are on a qualifying course

- a) Must be attending a prescribed educational establishment
- b) Must be undertaking a course of education which lasts for at least 3 calendar months
- c) Must not be taking a course of higher education
- d) The course must require at least 12 hours per week to be spent on the relevant activities of the course

#### Foreign Language Assistants

- a) Must be registered with the Central Bureau for Educational Visits and Exchanges
- b) Must be appointed at a school or other educational establishment in Great Britain

#### **Student Nurses**

- a) Must be on a full time course of education at college or university as above, or
- b) Taking a course which will lead to an appropriate registration under the Nurses, Midwives and Health Visitors Act 1979

Please complete Section One overleaf and arrange for Section Two to be completed by the college/university. The form should then be returned to the address shown above.

I	hope	that	this	letter	clarifies	the	situation	and	look	forward	to	hearing	from	you	shor	tly.
H	łowev	er, if	you	have a	ny queri	es ab	out this r	natte	r plea	ise cont	act t	he Cust	omer	Servi	ce te	am
o	n 0190	03 22	21061	l <b>.</b>												

Yours sincerely

Paul Tonking Head of Revenues & Benefits



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# Application for a student to be disregarded for Council Tax

	Section On	<b>e -</b> to be complete	d by the student	
Surname:				
Forenames:				
Date of Birth:				
Home address:				
Total number of ove	er 18 year-olds livir	ng at this address:		
	Number who are f	ull time Students:		
Term-time addresse students, if different f addres				
Total number of over	· 18 year-olds living	g at the term-time a	address(es):	
Number of over 18 y	year-olds living at t		ess(es) who ne students:	
Your telep	hone number:			
	nd address of the ent(s) that the studer			
Is the course I	Further or Higher	Education:		
Course Code:		Name of the cou	ırse:	
Course start date:		Course end c	date:	

Period s	spent at educational establishment or on work experience:						
N	umber of years that the course lasts for:						
١	Number of academic weeks in each year:						
Numb	per of hours per week required for both tuition and study:						
WARNING							
_	To give false information could result in civil penalties being imposed and prosecution.						
To g	ive taise information could result in civil penal	ties being ir	nposed and prosecution.				
Adur & W	DATA PROTECT forthing Councils are the data controllers for a relation to administering Council Tax. Full do are available at www.adur-worthing.gov.ul	FION the purpose etails about	s of applicable data protection how your personal data is used				

Section Two of the form (on page three) must be completed by the Certification Officer before you return Section One.



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# Application for a student to be disregarded for Council Tax

Section Two - to be completed by the Certification Officer at the college or university

Studer	nt name:			
Date	of birth:			
Name of the course that studying t	,			
Cours	se code:			
1	Number of	years that the course las	sts for:	
		Course start	t date:	
		Course end	d date:	
		Current year of	study:	
	c year:			
Number of hours per	week requi	red for both tuition and	study:	
Certification Officer's signature:			Date:	
Certification Officer's f	ull name:			
Name and address of college	/university:			
		Official Stamp:	:	