

**Confirmation of Council Tax Status:
Students / Student Nurses**

Date: _____

PLEASE READ THE ENCLOSED NOTES. THIS FORM SHOULD BE COMPLETED IN INK AND BLOCK CAPITALS.

PART A - TO BE COMPLETED BY THE PERSON APPLYING FOR STUDENT STATUS

Student's name:		Council Tax account number:	
E-mail address:		Telephone number:	
Term time address:	Postcode:		
Home address:	Postcode:		
Name & address of educational establishment:	Postcode:		

Payment of Council Tax must not be withheld pending the outcome of an application for exemption or discount

Signature _____

Date _____

PART B - TO BE COMPLETED BY THE EDUCATIONAL ESTABLISHMENT ONLY IF THE STUDENT IS A FOREIGN LANGUAGE ASSISTANT
(Alternatively, please forward the Certificate of Registration provided by the British Council - Scotland)

Registration employment period:	Start date:	/ /	End date:	/ /
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Declaration - I declare that the person entered in Part A above is registered with the British Council - Scotland (Language Assistants) as a foreign language assistant and is working as such an assistant at a school or other educational institution.

Signature _____

Status _____

Date _____

Stamp of Institution

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PART C - TO BE COMPLETED BY THE EMPLOYER OF STUDENT NURSES WHO ARE NOT PART OF THE PROJECT 2000 SCHEME OR NOT UNDERGOING FULL-TIME EDUCATION

Declaration - I declare that the person entered in Part A above is:

- undertaking a course which leads to registration on any of parts 8, 10 and 12 to 15 of the Register maintained under section 7 of the Nurses, Midwives and Health Visitors Act 1997 as a first inclusion on that Register.

Signature _____

Status _____

Date _____

Stamp of Institution

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PART D - TO BE COMPLETED BY THE EDUCATIONAL ESTABLISHMENT IF THE STUDENT IS FOLLOWING A COURSE OF EDUCATION OR IS A PROJECT 2000 NURSE

Full name of the student:			
Name of the course:			
Certificate or qualification studying for:			
Name & address of educational establishment:			Postcode:
Course start date:	/	/	Course end date: / /

(Please note this is the actual course start / stop date, NOT the term nor academic year dates.)

Please tick one box for each question.	Yes	No
Is the student required to attend the course for at least 24 weeks in each academic year?	☐	☐
Do the required periods of study and / or tuition average at least 21 hours a week?	☐	☐
The next set of questions should only be completed if the student is aged 19 or under and is undertaking a qualifying course of education (see notes for further details)		
Is the student in employment which requires him / her to take this course?	☐	☐
Is tuition principally received through correspondence?	☐	☐
Are the relevant course activities normally carried out before 8am or after 5.30pm?	☐	☐
Do the periods of supervised study and tuition come to less than 12 hours a week?	☐	☐
Is the student 20 years of age or over?	☐	☐
If not, enter here the student's date of birth	/ /	

Declaration (this should be completed by the Registrar of the educational establishment)

I declare that to the best of my knowledge the information given in Part D above is true and correct and that the person entered above is undertaking a course of education as a full-time student with this institution.

Stamp of Institution

Signature _____

Status _____

Date _____

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