Student discount form (includes Apprentices and School Leavers)

Please return this form to: Council Tax, Trafford MBC, PO Box 542, Sale, M33 0GD

Part 1

Full Name and Address of the person applying for this discount

Your full Name: ____________________________

Your address: ______________________________

Date of Birth: ______________________________

Name and Address of College or university:

______________________________

How many adults aged 18 or over live at this address? ______

List below the names of other people that live with you and tell us if they are a student

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Is this person a student?</th>
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To award the discount to your address we need a Student Certificate for you, and one for each of the students who live with you. (You can get a copy from your College Admissions Office)

Part 2

Are you a student nurse on a Project 2000 course? YES NO

Are you a student nurse training to be a midwife or health visitor? YES NO

Are you a student nurse not on one of the above courses? YES NO

Are you registered with the Central Bureau for Education Visits and Exchanges? YES NO

How many hours per week do you study (excluding work experience)? ______

How many hours of work experience do you do each week? ______

Are you on a course training you to become a teacher? YES NO
What date does your course start?  

What date does your course end?  

Are you studying through a correspondence course?  

**Part 3 The spouses and dependants of students from abroad**  
Are you living in the United Kingdom with someone from abroad who is a full-time student?  

**YES**  

**NO**  

Do you have a United Kingdom passport?  

**YES**  

**NO**  

Under the terms of your visa are you prohibited from access to support from public funds or to undertake paid work?  

**YES**  

**NO**  

**Please send us a copy of your passport which shows your visa**  

**Part 4 School leavers and children for whom child benefit is paid**  
Have you left school?  

**YES**  

**NO**  

On what date did you leave?  

**YES**  

**NO**  

Does anyone receive Child Benefit for you?  

**YES**  

**NO**  

**Please send us a copy of your child benefit book**  

**Part 5 Apprentices and Youth Trainees**  
Are you an apprentice whose training leads to an NVQ qualification?  

**YES**  

**NO**  

Do you earn less than £195 per week?  

**YES**  

**NO**  

When you have finished your training do you expect to earn substantially more than you do now?  

**YES**  

**NO**  

Are you a Youth Trainee undertaking training under Section 2 of the Employment and Training Act 1973?  

**YES**  

**NO**  

**Please send us a copy of the Youth Trainee’s training plan**  

**Part 6 Declaration**  
I declare that the information provided is correct to the best of my knowledge and belief.  

Your signature:  

**Please provide your daytime phone number:**