South Cambridgeshire District Council Council Tax Supporting Evidence

Application for a discount on the grounds of severe mental impairment

This form is to be used to provide supporting evidence once an application has been made online for a disregard/exemption.

Please complete the information below and then pass the form to the doctor of the person with a mental impairment for completion and return.

person with a mental impairment for completion and return.	
Please provide the name and address of the adult person in the dwelling who has a men impairment and on whose behalf this claim is being made:	ta
Council Tax account number (beginning 1010):	

This form should now be passed to the doctor of the person for whom this application is made.

We process your data in line with our legal obligation to collect Council Tax. We may process the information you provide to prevent and detect fraud and may supply information to government agencies, credit reference agencies, audit or other external bodies for such purposes. We may share information provided within the Council to assist with the delivery of Statutory functions. We participate in the government's National Fraud Initiative, and further information is on our website:

https://www.scambs.gov.uk/content/national-fraud-initiative

The General Data Protection Regulation (GDPR) updates your rights regarding how your data is processed. More information regarding this can be found here https://www.scambs.gov.uk/content/privacynotice

MEDICAL CERTIFICATE

(to be completed by a registered medical practitioner)

Name of person this certificate is issued in respect of:		
I certify that for the purposes of the Local Government Finance Act 1992 the person named above has a severe impairment of intelligence and social functioning which appears to be permanent.		
Please state the date from vidiscount/exemption:	which you believe this applicant meets the criteria for this	
Doctor's Signature:		
Doctor's Name, Address, and Practice Stamp:		
Date		
Telephone No:		
Email Address:		

When you have signed this form please return it to:

Council Tax Team, South Cambridgeshire District Council, South Cambridgeshire Hall, Cambourne, Cambridge CB23 6EA Tel. 0345 0450 064