



Name:

Address:

Reference Number:

Council Tax Exemption/Discount: Significant Cognitive Impairment

Anyone who is medically certified as having a Significant Cognitive Impairment (SCI) may be eligible for a Council Tax exemption or discount. A person is subject to a SCI if they have a severe and permanent mental condition or neurological change that impacts on the brain's ability to function and has a significant impact on that individual's daily life.

Conditions that can lead to a SCI or mental ill health include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. Having one of these conditions does not in itself mean that a person will be diagnosed as having a SCI by a doctor. To be eligible for the exemption/discount, the person must be diagnosed as having a SCI by a doctor and must also be entitled to one of the benefits listed on this form.

Council Tax Exemption/Discount:

- If you have been diagnosed as having a SCI by a doctor and you are living alone or only with others who have a SCI, you will be exempt from paying Council Tax.
- If you have been diagnosed as having a SCI by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% discount.
- If you have been diagnosed as having a SCI by a doctor and you live with 2 or more adults who are eligible to pay council tax there will be no discount.

Application Form for Exemption/Discount

PART A: Personal information

Full name of person applying to be disregarded:

National Insurance Number:

Date of Birth:

Address:

Postcode:

Telephone number: Email:

Total number of adults (**residents over the age of 18**) living at this address:

PART B: Declaration of benefit entitlement

A council tax exemption or disregard for SCI applies only if you are diagnosed as having a SCI by a doctor and entitled to one of the benefits listed below.

If you are receiving or entitled to any of the benefits listed below, please provide evidence, such as a copy of the award letter or payment document.

Please tick the relevant box(es):

When were the benefits(s) applicable from?

<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>					
<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/>					
<input type="checkbox"/>	Disability Living Allowance (higher or middle rate care component)	<input type="checkbox"/>					
<input type="checkbox"/>	An increase in disablement pension (as constant attendance is needed)	<input type="checkbox"/>					
<input type="checkbox"/>	Unemployability Supplement or Allowance	<input type="checkbox"/>					
<input type="checkbox"/>	Working Tax Credit (with disability element or severe disability element)	<input type="checkbox"/>					
<input type="checkbox"/>	Personal Independence Payment (Standard or enhanced rate)	<input type="checkbox"/>					
<input type="checkbox"/>	Armed Forces Independence Payment	<input type="checkbox"/>					
<input type="checkbox"/>	Constant Attendance Allowance	<input type="checkbox"/>					
<input type="checkbox"/>	Income support (which includes a disability premium)	<input type="checkbox"/>					
<input type="checkbox"/>	Universal Credit (in circumstances where a person has limited capability for work and/or work related activity)	<input type="checkbox"/>					

Continue in Part E if needed.

PART C: Doctor or Medical Practitioner's declaration
(to be completed by the Doctor/Medical Practitioner)

Name of doctor/medical practitioner:

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Contact details of surgery/hospital

Address:

Postcode: Telephone number:	Email:
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A person is subject to a significant cognitive impairment if they have a severe and permanent mental condition or neurological change that impacts on the brain's ability to function and has a significant impact on that individual's daily life. (*The Council Tax (Discounts, Disregards and Exemptions) (Wales) Regulations 2026*).

I can confirm the person named in **PART A** has a SCI as defined above.
(Please tick box)

YES NO

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A Council Tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to have a SCI.

Date of Diagnosis:

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Doctor's signature:

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Date:

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Official Stamp:

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Note: GPs should not charge for the diagnosis and/or completion of this form.
British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).

PART D: Applicant's declaration

I accept responsibility for the information given in this form and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicant's signature:

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Date:

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If you are completing the form on behalf of the applicant, what is your relationship to them?

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Name of person acting on applicant's behalf:

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Address of person acting on applicant's behalf:

<p>Postcode:</p> <p>Telephone Number:</p>	<p>Email:</p>
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Signature of person acting on applicant's behalf:

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Date:

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Your application will be processed in accordance with the General Data Protection Regulation (GDPR) 2018. To view further information about GDPR, please visit your local council's website and look at their published privacy notice. You should also notify the council of any change in circumstances.

When you have completed this form and it has been signed by a medical practitioner, please post to Council Tax, Conwy County Borough Council, P O Box 1, Colwyn Bay, LL29 0GG.

PART E: Further Information

Please provide any additional information in support of your application.

[Empty box for providing additional information]

This form has been designed by the Welsh Government and WLGA for use by all local authorities in Wales.

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