

YOUTH TRAINING TRAINEE DISCOUNT

Guildhall Marshall's Yard Gainsborough DN21 2NA Telephone: (01427) 676676 Fax: (01427) 675173 Web: www.west-lindsey.gov.uk

Property reference

Account reference

Date of issue

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are 'disregarded' for Council Tax purposes – that is they are treated as if they are not resident, which can result in a discount.

A person normally resident in the property but who is a **YOUTH TRAINING TRAINEE** will be disregarded if they satisfy the conditions set below.

- (a) under the age of 25; and
- (b) undertaking training -
 - (i) pursuant to arrangements made under section 2 of the Employment and Training Act 1973(a)
 - (ii) which is funded by the Learning and Skills Council for England

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS

<u>Data Protection</u> – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature

Date

Full name in capitals

PLEASE COMPLETE THIS FORM IN BLACK INK

| Number of residents aged 18 or over now living in the property including yourself (please also give the name(s) and date(s) of birth of anyone who is aged 16 or 17) | | | |
|--|-------------------|---------------|--|
| Name Date o | | birth ——— | |
| Name | Date of | birth | |
| Name | Date of | birth | |
| Name of Youth Training Trainee | | Date of Birth | |
| Name & Address of Training scheme / Management Agent | | | |
| Name and address of College | | | |
| Name and level of course | | | |
| Start date | Expected end date | | |
| Is any work experience included this year in the course | | YES /NO | |
| If YES, please give current name & Address of placement provider | | | |

NB. PLEASE ASK THE TRAINING SCHEME MANAGING AGENT TO COMPLETE THE CERTIFICATE BELOW

| Name and Address of Training Scheme / Manag | ing Agent | |
|--|----------------|--|
| Name of Youth Training Trainee | | |
| I confirm that the above named trainee is a YOUTH TRAINING TRAINEE for the purposes of Local Government Finance Act 1992 as detailed overleaf | | |
| Signed | Name of Person | |
| Official Stamp | | |
| N . | / | |