



COUNCIL TAX

Guidance Notes: Status Discount for a Youth Trainee

The Local Government Finance Act 1992 and the Discount Order 1992, Schedule 1, Part IV, define that a person will be disregarded for the purpose of determining entitlement to discount if he or she is;

a) under the age of 25 and

b) is undertaking training

- (i) pursuant to arrangements made under section 2 of the Employment and Training Act 1973 or section 2 of the Enterprise and New Towns (Scotland) Act 1990 and
- (ii) which is funded by the Learning Skills Council for England.

Note: You must notify Sefton Council immediately, if there are any changes in circumstances that may affect a discount.

WARNING: If you knowingly sign the declaration overleaf and it is found to be false, you could be subject to prosecution.



COUNCIL TAX STATUS DISCOUNT APPLICATION - YOUTH TRAINEE

Only complete this form once you have read the Guidance Notes. Part 1 and 2 of the form should be filled in by the person who is liable for payment of the Council Tax, Part 3 is to be filled in by the Youth Trainee's Training Supplier. Please don't send the form back to us until all parts are complete.

Part 1

I wish to apply for a discount with effect from:

Number of persons aged eighteen and over who are resident in the dwelling:

Number of persons aged eighteen and over who you wish to claim a discount for:

Part 2

Name of Youth Trainee: (Block letters) _____

Date of Birth: _____

Address of Dwelling: _____

_____ Postcode: _____

Telephone Number: _____

DECLARATION: I declare that the details stated above are true and accurate to the best of my knowledge and belief.

Signature of Applicant: _____

Dated: _____

Name: (Block letters) _____

Account No: _____

Part 3 The Training Supplier for the named Youth Trainee should complete the following:

I certify that the person named above is a Youth Trainee, as defined in the Guidance Notes, in accordance with the Local Government Finance Act 1992.

Date Youth Training started: _____ Anticipated end date: _____

Signed: _____

Dated: _____

Name: (Block letters) _____

Office Address: _____

_____ Postcode: _____

Office Telephone Number: _____

PLEASE RETURN THE COMPLETED FORM TO: Sefton Council, PO Box 21, Bootle, L20 3US