

SOUTH GLOUCESTERSHIRE COUNCIL

Department for Resources and Business Change, Revenue Services, PO Box 1953, Bristol, BS37 0DE

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COUNCIL TAX DISCOUNT APPLICATION YOUTH TRAINING TRAINEES (YTS)

FORM
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The Council Tax regulations provide for a discount to be granted if there are less than two adults resident in the dwelling. On counting the number of adults, Youth Training Trainees may be disregarded if they are under 25 years of age and undertaking approved training. If a discount is to be claimed the applicants should complete sections 1 - 4 in CAPITAL LETTERS. The enclosed Certificate of Employment should be completed by the employer and returned with this form. Before filling in this form please read the notes below.

SECTION 1

APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling)	
BILLING NUMBER	ctrel
ADDRESS	
DAYTIME TELEPHONE NUMBER	

SECTION 2

NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY INCLUDING THE PERSON NAMED BELOW (i.e. persons aged over 18)	
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SECTION 3 - YOUTH TRAINING TRAINEE (must reside in the dwelling for which discount is claimed)

NAME		DATE OF BIRTH	
NAME AND ADDRESS OF EMPLOYER			
	POSTCODE		

DATE EMPLOYMENT STARTED	DUE TO END
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SECTION 4 - DECLARATION BY APPLICANT

I declare that the information given on this form is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	DATE
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You must notify the Director of Corporate Resources immediately if you have any change in circumstances.

This form should be returned to the Council's offices at the address shown above.

NOTES FOR APPLICANT

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984.

CERTIFICATE OF EMPLOYMENT

YOUTH TRAINEE'S NAME AND ADDRESS	
	POSTCODE

The remainder of the form should be completed by the person who employs the Youth Training trainee.

EMPLOYEE'S NATIONAL INSURANCE NUMBER	
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Is this person training in conformity with an individual training plan pursuant to arrangements made under Section 2 of the Employment and Training Act 1973 and do these arrangements constitute an approved training scheme for the purposes of Section 28 of the Social Security Contributions and Benefits Act 1992?

YES NO

DATE TRAINING COMMENCED	
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DATE TRAINING DUE TO END	
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EMPLOYER'S NAME AND ADDRESS	
	POSTCODE
TELEPHONE NUMBER	
EMPLOYERS OFFICIAL STAMP	

DECLARATION

I declare that the above named person is employed by me through a prescribed Youth Training Scheme and that the information given by me is to the best of my knowledge true and accurate.

SIGNATURE	DATE / /
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POSITION
