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Name: _____ Date: _____
Address: _____ Council Tax Account Number: _____
Postcode: _____

COUNCIL TAX - DISCOUNT FOR APPRENTICES AND YOUTH TRAINING TRAINEES

You have recently indicated that you wish to apply for a discount on your Council Tax as you, or a member of your household, are/is an apprentice/youth training trainee.

The following criteria must apply to qualify as an apprentice:

- any age
- employed for the purpose of learning a trade or profession
- leading to a qualification accredited by the Qualifications and Curriculum Authority
- salary and/or allowances do not exceed £195.00 per week

The following criteria must apply to qualify as a trainee:

- under the age of 25
- undertaking training funded by the Learning and Skills Council

If either of the above applies please complete the questions below and return this form.

1. Details of ALL people aged 18 or over who live in the property.

Title (Mr/Mrs/Miss/Ms)	Forename(s)	Surname	Date of birth
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2. Details of Apprentice/Youth Training Trainee.

Full name:

Address:

Date of birth:

3. Details of the training course/scheme being undertaken.

Course type/name:

Address of college/employer:

Date course commenced:

Expected end date:

Will this training lead to a qualification accredited by the National Council for Vocational Qualifications?	Yes/No
OR	
Does this training confirm to arrangements made under Section 2 of the Employment and Training Act 1973 and is it an approved training scheme for Social Security purposes?	Yes/No

4. Details of salary/allowance.

Please indicate the Gross Weekly amount received while training: £.....
(Please provide a copy of your most recent payslip).

Please indicate the Gross Weekly amount likely to be received if the qualification is achieved: £.....

Should you receive a pay rise during the length of this disregard then you must inform us immediately.

5. To be completed by college/employer.

I confirm that the above information contained in question 2,3 and 4 are true and correct.

Name: _____ Position held: _____
(BLOCK CAPITALS)

Signature: _____ Date: _____

Official Stamp:

The information collected on this form is necessary to administer your Council Tax and fulfil the council's statutory functions, and will not be used for any other purposes.

Privacy Notice - Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy. <https://www.broxbourne.gov.uk/resident/privacy-policy>.

Declaration:

I declare that the information given on this form is correct to the best of my knowledge and undertake to notify you immediately if I believe that I am no longer eligible for the discount granted in respect of this application.

I understand that the information on this form may be checked, stored on and processed by computer, it may be checked with other information held by the Council and be disclosed for other Council purposes as described on the register entry compiled by the Data Protection Registrar.

Signed..... Full Name..... Date.....

Telephone Number: Home..... Mobile.....

You do not have to supply your telephone number but it will be helpful if you do so.