

Chief Executive: Delwyn Burbidge



Our Ref:

Your Ref:

Enquiries to: Customer Services

Customer Services

Monkton Park
Chippenham
Wiltshire SN15 1ER

Tel: 01249 706246
Fax: 01249 443158
email: revenues@northwilts.gov.uk
www.northwilts.gov.uk

COUNCIL TAX
APPLICATION FOR DISCOUNT
PERSON AGED UNDER 20 UNDERTAKING EDUCATION

A discount from the Council Tax is given where there are fewer than 2 adults normally resident in a dwelling.

A person who is under 20 and is undertaking a relevant course of education, provided the course is not undertaken in consequence of an office or employment of that person, will not be taken into account when assessing the number of adults resident. Please see back of form for list of courses which are NOT relevant to this Discount.

A relevant course is a course of education:

- (a) which lasts for more than 3 calendar months,
(b) which is not a course of higher education,
(c) for which tuition is principally received otherwise than through correspondence,
(d) in which the relevant activities are normally carried out principally between 8.00am and 5.30pm, and
(e) the relevant number of hours per week for that course exceeds 12.

The courses listed overleaf are not relevant courses of education for these purposes.

Number of people aged 18 and over normally resident in the dwelling
(Including the person for whom this application is made)

[Empty box for number of people]

I hereby make application for the following person not to be taken into account when assessing the number of adults resident in this dwelling for Council Tax discount purposes.

Surname: Forename(s):

Date of Birth: / /

Name and address
Of School/College:

Course of Study:

Course Start Date: Anticipated finish date: / /

Date you moved in to the dwelling: / /

PLEASE CONTINUE OVERLEAF

DECLARATION – TO BE COMPLETED BY THE TAXPAYER

I declare that the details given in this application are true and accurate to the best of my knowledge and belief and undertake to notify Customer Services of any change of circumstances which may affect this application.

Name: Signature: Date: ____/____/____

Daytime Telephone Number:

To enable this application to be dealt with without delay please ensure that the certificate below is signed.

CERTIFICATE TO BE SIGNED BY OR ON BEHALF OF HEAD TEACHER

I certify that the details given in this form are correct.

Name: Signature: Date: ____/____/____

This form must be returned to the Council Offices at the above address without delay.

The following courses are NOT relevant courses of education for
The purposes of this discount:

1. Youth Training Scheme
2. Employment Training
3. Employment Rehabilitation
4. Individual Training Throughout with an Employer
5. Professional Training Scheme
6. Special Training Provision
7. Youth Training
8. Community Industry