

Your Ref:
Date:

Please insert Name and Address

COUNCIL TAX (DISCOUNT DISREGARDS) APPLICATION
PERSONS UNDER 20 IN FURTHER EDUCATION

A PERSON SHALL BE DISREGARDED FOR THE PURPOSES OF DISCOUNT ON A PARTICULAR DAY IF ON THAT DAY:-

- a) He/she is under 20 years of age
- b) He/she is undertaking a full-time course of education, with a prescribed educational establishment, and the course is not being undertaken in consequence of their employment
- c) **A full-time course of education for this purpose is one:-**
 - i. Which lasts for at least 3 calendar months
 - ii. Where a person is required to undertake periods of study, tuition or work experience which together amount in each such academic or calendar year to an average of at least 12 hours a week
 - iii. Where it is a course of further education and not a course of higher education. Higher education includes degree courses and courses for exams above the standard of A levels.
 - iv. Where it is not a correspondence course
 - v. Where it is not taken under an employment training scheme such as the Y.T. scheme
 - vi. Where it is taken principally in the daytime i.e. between 8.00am and 5.30pm

PLEASE COMPLETE THE FORM BELOW IN BLOCK CAPITALS

Applicants Name	
Date Of Birth	
Home Address	
Telephone Number	
Name & Address Of School/College	
Title Of Course	
Date Course Commenced	
Date Course Finishes	
Is This A Correspondence Course?	Yes/No *
Is The Course Taken During The Day, Evening Or Both If Both Please Give Details	Day/Evening/Both *
On Average, How Many Hours A Week Do You Attend School/College	
Is The Course Being Undertaken As Part Of An Employment Training Scheme? If Yes Please Give Details	Yes/No *
Are You Currently Employed?	Yes/No *

If Yes:- (i) Is The Course Being Undertaken In Connection With Your Employment (ii) Does Your Employer Grant You Day Release To Attend The Course	Yes/No * Yes/No *
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* Please Delete As Appropriate

DECLARATION BY THE APPLICANT

I declare that the details stated in this application are true and accurate to the best of my knowledge and should my circumstances alter I will notify Newark & Sherwood District Council immediately.

Signature.....

Name.....

Date.....

IMPORTANT – BEFORE RETURNING THE FORM TO THE COUNCIL TAX OFFICE IT MUST BE ENDORSED BY YOUR SCHOOL/COLLEGE IN THE SPACE BELOW

I Certify That The Applicant Named Above Is/Is Not * Undertaking A Qualifying Programme Of Training At This School/College

Name
Designation
Position
Official Stamp Of School/College

* Please Delete As Appropriate