

Civic Centre Rickergate Carlisle Cumbria CA3 8QG Telephone 0300 373 3730 cumberland.gov.uk

Please ask

**for:** Revenues Section **E-mail:** customerservices@cumberland.gov.uk

**CTAX Ref:** 

## **Council Tax Discount Application for Apprentices**

Local Government Finance Act 1992 - Schedule 1

Part A - Details of Apprentice	<b>:</b> :	
Name of Apprentice:		
Address:		
Name and Address of Employer:		
Occupation:		
Please give the details of the qualification which will be achieved at the end of the course:		
Date apprenticeship commenced:		
Date apprenticeship ceased		
(or is expected to cease):		
? YES NO	he Office of Qualifications a	nd Examinations Regulation (Ofqual)
Gross Weekly Earnings (Please enclose your 2 most rece	nt payslips or a Copy <b>)</b>	£
How many people aged 18 or over live in the property?		
What date is the discount claimed	I from?	

**PLEASE NOTE:** If you are undertaking a course accredited by the Office of Qualifications and Examinations Regulation (Ofqual), the following section must be signed by your trainer.

Part B - Trainer Declaration		
I declare that the person named overleaf is undertaking training leading to a qualification accredited by the Office of Qualifications and Examinations Regulation (Ofqual)		
Signed:		
Name:		
Position held:	Date:	
Part C - Declaration:		
We declare that the information stated on this form is true and accurate to the best of our knowledge and belief.		
Signature of Apprentice:		
Signature of liable person:		
Date:		

YOU MUST NOTIFY THE COUNCIL OF ANY CHANGE IN CIRCUMSTANCES WHICH MAY AFFECT YOUR APPLICATION FOR DISCOUNT (e.g. IF GROSS EARNINGS INCREASE TO OVER £195 PER WEEK, OR IF ANOTHER ADULT MOVES INTO THE PROPERTY)

You can return your reply to Freepost REVENUES AND BENEFITS SERVICES. Please write this on the envelope in the above format (Capitals), no address is needed.