

# Apprentice / Youth Training Trainee Application Form



3 pages

Please fill in this form and return with the documentary proof and start date we ask for.

## Part 1

Full name of the liable person:

Address:

  
  
  
  
Postcode:

Phone number:

Email:

How many adults over 18 live at this address?

Full name of the person to be disregarded:

Their date of birth:

 / /

Signature of the liable person:

Date:

 / /

Please ask your employer to fill in part 2 or 3.

You must tell us within 21 days if any of your circumstances change

**Part 2 Apprenticeship - This part must be filled in by the employer**

I certify that the above person is on a training programme leading to a qualification accredited by the Qualifications and Curriculum Authority and he / she is being paid no more than £160.00 gross per week – £195.00 from 1 April 2007

**Start date:**

/	/
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**End date:**

/	/
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**Gross annual earnings:**

£
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**Gross weekly earnings:**

£
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**Name and address of employer:**


Postcode:

**Employers official stamp (if no stamp please confirm on letter headed paper)**

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**Position:**

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**Phone number:**

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**Signature:**

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**Date:**

/	/
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**Part 3 Youth Training Trainee - This part must be filled in by the administrator of the scheme**

I certify that the above person is under the age of 25 and is on an individual training plan as set out under section 2 of the Employment and Training Act 1973 which is funded by the Learning and Skills Council for England.

**Start date:**

/	/
---	---

**End date:**

/	/
---	---

**Gross annual earnings:**

£
---

**Gross weekly earnings:**

£
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**Name and address of employer:**

Postcode:

**Employers official stamp (if no stamp please confirm on letter headed paper)**

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**Position:**

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**Phone number:**

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**Signature:**

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**Date:**

/	/
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**Please return this form to Wigan Council, Council Tax Offices, Moore Street East, Wigan. WN1 3DS**