

Council Tax

www.aberdeencity.gov.uk/counciltax

Name

Address

..... Postcode.....

Telephone Email address

Your Council Tax Account Number

Apprentice Enquiry Form

How to complete this form

If a member of your household is undergoing a training course as an Apprentice, we may be able to give you a discount on your Council Tax Account. To find out if you qualify for discount we need to ask some questions about the Apprentice. Please read the following notes and then fill in the form in **BLOCK CAPITALS** using black ink.

The Apprentice must satisfy the following conditions, he or she:

- must be employed to learn a trade, business or profession.
- must be undertaking a course of training that will lead to a recognised qualification.
- must be paid less than £195.00 per week and less than the salary that would be paid after completing the apprenticeship.

If you feel that a member of your household meets the conditions noted above, we need to find out more details about that person.

There are three parts to this form

- Part 1 should be filled in by the **Apprentice**.
- Part 2 should be filled in by the **Apprentice's employer**.
- Part 3 should be signed by you as the liable person (the person to whom the Council Tax Bill is sent).

Any information given will be treated in the strictest confidence

PART 1 **Apprentice details** (to be filled in by the Apprentice)

Your full name

Your date of birth

Your employer's name

.....

Your employer's address

.....

This form should now be given to your employer so that Part 2 (overleaf) can be filled in.
Please sign the authorisation below and hand this form to your employer as soon as possible.

I authorise my employer to give the information requested overleaf.

Signed Date

Remember - this form should be returned by your employer so that Part 3 overleaf can be completed.

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PART 2 **Employment details** (to be filled in by the employer)

The person named overleaf has indicated that he/she is currently serving an apprenticeship with you.

Please give details of the qualification or apprenticeship that the person is undertaking:

.....
.....

Please give the date that the training course commenced:

Please give the date that the training course is due to be completed:

Please give the normal weekly gross salary or allowance received:

Please give the normal weekly gross salary for a qualified person:

Please print your name and position:

.....

OFFICIAL STAMP

Signed

Date

If you do not have an official stamp please tick this box

Please state a contact name, telephone number and email address should we require further information.

.....

Email Telephone No.

PART 3 **Declaration** (to be signed by the liable person)

This form has been designed to be easy to understand and simple to complete. If you have any difficulty with any part of the form or if you require further details, we would like to help you. Please contact Revenues and Benefits by telephoning the Council Tax Customer Care Section on 08456 080921, emailing us on counciltax@aberdeencity.gov.uk or by writing to us at the address shown at the bottom of the form

I declare that the information on this form is true and correct. I undertake to inform you of any change in circumstances as soon as the change occurs.

Signed.....Date

**Thank you for completing this form. Please return it immediately to
Revenues and Benefits, Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB**