

Council Tax



www.aberdeencity.gov.uk/services/council-tax

Name

Current Address

.....

.....

Postcode

We may have to contact you for information, please provide:-

Council Tax Reference Number

Telephone Number

Mobile Number

Email Address

Application for Apprentice Discount

Please read this form carefully

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.

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).

A visit to your property may be undertaken.

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

PART 2 Employment details (to be filled in and signed 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 course that the person is undertaking:

.....
.....

What is the employee's weekly wage:

Is this less than will be paid when the apprenticeship is completed?

Please give the date that the training course commenced

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

Please print your name and position

.....

OFFICIAL STAMP

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

Signed

Date

Please ensure this form is stamped and returned to the apprentice.

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

.....

Email address Telephone Number

Please read the following carefully and sign the declaration below.

Your data - We collect and maintain information about you for Council Tax, Water and Waste Water purposes in line with the Local Government Finance Act 1992. We share information with the DWP, HMRC, Sheriff Officers and a variety of other organisations all as allowed by law. This information is used across the Council, to ensure that we keep your name and address details accurate and up to date.

National Fraud Initiative - We have a duty to protect the public funds we administer. We will use the information you provide on our forms to help prevent and detect fraud. We will also share this information, for these purposes, with other organisations responsible for auditing or administering public funds.

More information about how we use and manage your information is available on our website at:

www.aberdeencity.gov.uk/your-data/privacy-notice/your-data-council-tax. This page also has links to further information about your rights, and who to contact if you have a complaint about how we use your data.

If you have difficulty with any part of this form or if you require further details, please telephone Customer Services on 03000 200 292 (visit the Contact Us page on our website for up to date opening hours).

Part 3 - Declaration (To be signed by the liable person)

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

Signature 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**