



## Council Tax Application for Apprentice Discount

Property no.

Name

Reference no.

Address

Issue Date

DD / MM / YYYY

Return by date

DD / MM / YYYY

Postcode

### INFORMATION

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 Bill.

The Apprentice must satisfy the following conditions.

- 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 a £209.00 gross per week and less than the salary that would be paid after completing the apprenticeship.

### PART 1 APPRENTICE DETAILS

Apprentice full name

Apprentice date of birth

DD / MM / YYYY

Employer's name

Employer's address

Postcode

Sign the authorisation below, complete the declaration at Part 3 and hand this form to your employer, so that Part 2 can be filled in. Thereafter, return the completed form to the address overleaf.

I authorise my employer to give the information requested overleaf.

Signed

Date

DD / MM / YYYY

## PART 2 EMPLOYER 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 state the date that the apprenticeship commenced

Please state the date that the apprenticeship is due to end

Please state the normal weekly gross salary or allowance paid

Please state the normal weekly gross salary for a qualified person

Please print name and position

Signed

*official stamp*

Date

Please state a contact name and telephone number should we require further information

## PART 3 DECLARATION BY APPLICANT

I confirm that the information provided by me on this form is both accurate and complete and I undertake to notify the Council immediately of any change in my circumstances which may affect my households liability for Council Tax. I understand the Council may make whatever enquiries it considers necessary to verify the information provided by me on this form.

Signature

Date

Print Name

Telephone No.

Email

Mobile No.

Information provided by you for the purposes of determining Council Tax liability, will be used and stored by Aberdeenshire Council in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. Please refer to our Council Tax Privacy Notice for more information, which can be found at [www.aberdeenshire.gov.uk/online/legal-notices/data-protection/service-specific-privacy-notices/](http://www.aberdeenshire.gov.uk/online/legal-notices/data-protection/service-specific-privacy-notices/)

**Please return this form to:** Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX

*If you require help completing this form or further information regarding Council Tax, contact us by:*

**Telephone**  
03456 08 12 01

**Email**  
[council.tax@aberdeenshire.gov.uk](mailto:council.tax@aberdeenshire.gov.uk)

**Visit our Website**  
[www.aberdeenshire.gov.uk/counciltax](http://www.aberdeenshire.gov.uk/counciltax)