

Property No .....

Name .....

Address .....

.....

.....

..... Postcode .....

Reference Number .....

Issue Date .....

Return By Date .....

**Apprentice Enquiry Form**

**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. To find out if you qualify for a discount we need to ask some questions about the Apprentice. Please read the following notes and then fill in the form in BLOCK CAPITALS.

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.

**How to complete this form**

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).

**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 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 training course commenced .....

Please state the date that the training course is due to be completed .....

Please state the normal weekly gross salary or allowance received .....

Please state the normal weekly gross salary for a qualified person .....

Please print your name and position .....

.....

**Official Stamp**

Signed .....

Date .....

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

..... Telephone No. ....

**Part 3 - DECLARATION BY APPLICANT**

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature ..... Date .....

Print Name ..... Telephone No. ....

Email ..... Mobile Telephone No. ....

**Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.**

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

If you wish further information regarding this form or any other Council Tax query, please contact us by:

**Telephone:** 08456 08 12 01      **Email:** council.tax@aberdeenshire.gov.uk      **Visit our website:** www.aberdeenshire.gov.uk/counciltax