

# SOUTH GLOUCESTERSHIRE COUNCIL

Department for Resources and Business Change, Revenue Services, PO Box 1953, Bristol, BS37 0DE

Tel: 01454 868003

[www.southglos.gov.uk](http://www.southglos.gov.uk)

## COUNCIL TAX DISCOUNT APPLICATION APPRENTICES

FORM  
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If there is an apprentice resident in your property, you may be entitled to a discount on the council Tax charge provided there are no more than two resident adults living in the property who are not subject to a discount. On counting the number of adults, an apprentice may be disregarded if earning no more than £195 per week and certain other conditions apply. If a discount is to be claimed the applicant should complete sections 1 - 4 in CAPITAL LETTERS. The enclosed Certificate of Earnings should be completed by the employer and returned with this form. Before filling in this form please read the notes overleaf.

### SECTION 1

APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling)	
BILLING NUMBER	ctrel
ADDRESS	
DAYTIME TELEPHONE NUMBER	

### SECTION 2

NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY INCLUDING THE PERSON NAMED BELOW ( i.e. persons aged over 18)	
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### SECTION 3 - APPRENTICE (must reside in the dwelling for which discount is claimed)

NAME	
Date of Birth	

NAME AND ADDRESS OF EMPLOYER	
	POSTCODE

Are you employed for the purpose of learning a trade, business profession, office employment or vocation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Are you currently undertaking a course of training which will lead to a qualification authorised by the National Council for Vocational Qualifications?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**PLEASE TURN OVER THE PAGE TO COMPLETE THIS APPLICATION**

If YES please provide documentary evidence.

TITLE OF COURSE/QUALIFICATION	
PLACE WHERE TRAINING UNDERTAKEN	
WEEKLY EARNINGS ALLOWANCE	£

**SECTION 4 - DECLARATION BY APPLICANT**

I declare that the information given on this form is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	DATE / /
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You must notify the Director of Corporate Resources immediately if you have any change in circumstances.

**This form should be returned to the Council's offices at the address shown at the head of the application.**

NOTES FOR APPLICANT

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984.
3. Definition of an Apprentice

A person is an apprentice if he/she is:

- (a) employed for the purpose of learning a trade, business, profession, office, employment or vocation
- (b) for that purpose undertaking a course of training leading to a qualification which is authorised by the National Council for Vocational Qualifications; and
- (c) is in receipt of a salary and/or an allowance which, in total
  - (i) does not exceed £195 per week (gross), and
  - (ii) is substantially less than the salary he/she might reasonably expect to receive if the qualification in question had been achieved.

# CERTIFICATE OF EARNINGS

APPRENTICE'S NAME AND ADDRESS	
	POSTCODE

The remainder of the form should be completed by the person who employs the apprentice.  
EMPLOYER: please enter below details of the last five weeks or two months earnings for the person named above.

Week/Month ending:					
Gross pay:					

EMPLOYEE'S NATIONAL INSURANCE NUMBER	
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QUALIFICATION FOR WHICH TRAINING	
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DATE APPRENTISHIP STARTED	/	/
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DATE APPRENTISHIP ENDS	/	/
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EMPLOYER'S NAME AND ADDRESS	
	POSTCODE

TELEPHONE NUMBER	
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EMPLOYERS OFFICIAL STAMP	
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## **DECLARATION**

I declare that the above named person is employed by me as an apprentice, and that the information given by me is to the best of my knowledge true and accurate.

SIGNATURE	DATE	/	/
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POSITION
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