

Email: revenues@gedling.gov.uk
Web: www.gedling.gov.uk
Direct Line: 0115 901 3950
Contact Centre: 0115 901 3901
Our ref:
Your ref:
Date:

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Council Tax Disregard - Apprentice

Dear

The Council Tax charge is based on the number of people living in a dwelling. If you are disregarded it means that you are not counted when looking at the number of residents.

If there is just one person living in a dwelling, or if all resident but one are disregarded, a 25% discount may be granted. If all residents are disregarded, a 50% discount may be granted.

The following criteria must apply in order for a person to be disregarded as an apprentice.

He or she is:

- (a) Employed for the purpose of learning a trade, business, profession, office, employment or vocation;
- (b) For that purpose undertaking a programme of training leading to a qualification accredited by the National Council for Vocational Qualifications or the Scottish Vocational Education Council; and
- (c) Employed at a salary or in receipt of an allowance or both, which are, in total,
 - (i) Substantially less than the salary he would be likely to receive if he had achieved the qualification in question; and
 - (ii) No more than £195 per week.

Please complete the application form overleaf and return it to the above address, if you require any further information, please contact Revenues & Welfare Support on the above direct line telephone number.

Yours sincerely



Duncan Adamson
Service Manager – Revenues & Welfare Support

Section 1 (To be completed by the applicant)

| | | | |
|---|--|----------------------------|--|
| Apprentice Name: | | | |
| Name And Address Of Employer: | | | |
| Nature Of Employment: | | | |
| Title Of Accredited Course: | | | |
| Date Course Commenced: | | Date Course Ceases: | |
| Number Of Adults Resident In Property: | (Adults are persons over the age of 18 years.) | | |

DECLARATION (to be completed by the applicant)

I declare that the details stated in this application are true and accurate to the best of my knowledge and should my circumstances alter I will notify Gedling Borough Council immediately.

Signature:

Name:

Date:

Telephone:

Email:

Section 2 (To be completed by the employer)

| | | | |
|---|--|---|--|
| Applicants Gross Weekly Earnings: | | Likely Salary If Qualification Achieved: | |
| Date Apprenticeship Started: | | Date Apprenticeship Ends: | |
| I CERTIFY THAT THE PERSON NAMED IN SECTION 1 IS AN APPRENTICE. | | | |
| Name: | | | |
| Signature: | | | |
| Position: | | | |
| Date: | | | |
| Telephone: | | | |