You should complete this form if you are applying for discount on the grounds that someone in the dwelling is employed as an apprentice.

To qualify for discount, the following must apply:

- The apprentice is employed for the purpose of learning a trade, business, profession, office, employment or vocation:
- The apprentice is undertaking a programme of training leading to a qualification accredited by the Qualifications and Curriculum Authority (QCA) or the Scottish Qualifications Authority (SQA); and
- The apprentice is earning less than £195.00 gross per week and less than they would be paid if qualified

The person who is liable to pay the Council Tax should complete Parts 1, 2 and 4 of this form. You should ask the Apprentice’s employer to complete Part 3.

**Part 1 About you**

Name ____________________________________________
Address ____________________________________________
____________________________________________
____________________________________________
____________________________________________ Postcode _________

**Part 2 About the Apprentice**

Name ____________________________________________
Date of Birth _____/_____/_____

**Part 3 To be completed by the Employer**

The person named in Part 2 has told us that they are employed as an apprentice. Please confirm the following details.

Employers Name ____________________________________________
Employers Address ____________________________________________
____________________________________________
____________________________________________ Postcode _________

Details of the apprenticeship being undertaken ____________________________________________
Qualification that will be gained ____________________________________________
Date on which apprenticeship started _____/_____/_____
Date on which apprenticeship is expected to be completed  

Gross weekly earnings of the apprentice £

Normal gross weekly earnings for a qualified person £

Signature ________________________________ Date ___/___/____

Position _________________________________ Tel. ________________

**Part 4 Declaration**

To be completed by the person who is liable to pay the Council Tax.

I declare to the best of my knowledge and belief that the information on this form is true and accurate and I will tell you about any change in circumstances that may affect my Council Tax. I understand that it is an offence to knowingly make a false statement and may be liable for prosecution or a fine.

Signature ________________________________ Name (print) __________________________ Date ___/___/____

Please provide your email address or telephone number in case we need to contact you about your application. You do not have to tell us but it will help us to contact you quickly if we have any questions.

e-mail address: ________________________________________ Telephone: ________________

**How information about you will be used**

We need the information on this form to determine if you are entitled to a Council Tax or Scottish Water (water and waste water) discount and to process your application. The Local Government Finance Act 1992 is the legal basis for the Council processing your personal information.

The information may be shared within the local authority, with other local authorities and Audit Scotland to detect and prevent fraud.

For more information about how we process information, how long we retain the information, or the right to complain please contact us or visit [http://www.orkney.gov.uk/Online-Services/privacy.htm](http://www.orkney.gov.uk/Online-Services/privacy.htm). If you are unable to access the Council’s website you can request a paper copy from the Council. Users of smartphones can also scan the code below to access the information.

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Please return the completed form to the Council Tax Section, Orkney Islands Council, Council Offices, Kirkwall, Orkney, KW15 1NY. Tel: (01856) 873535 Ext 2133 (Direct Dial 01856 886322), email: revenues@orkney.gov.uk website: [http://www.orkney.gov.uk/](http://www.orkney.gov.uk/)

May 2018

For official use only:

Ctax Ref ______________________ Issued ___/___/___ Input by ______________ Date ___/___/___

If form completed by member of staff please provide name ____________________ Update Contact details Y/N