Revenues and Benefits Services

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COUNCIL TAX DISCOUNT APPLICATION FOR AN APPRENTICE

PART B - TO BE COMPLETED BY THE EMPLOYER

1.	Full Name of Apprentice
2.	Name of Employer
3.	Is the apprentice employed for the purpose of learning a trade, business, profession, office, employment or vocation (Yes/No)
4.	Is the apprentice undertaking a training programme which leads to a qualification accredited by the National Council for Vocational Qualifications or Scotland Vocational Education Council (Yes/No)
5.	Is the apprentice employed at a salary or an allowance or both which are in total substantially less than the salary they would receive if they were fully qualified? (Yes/No)
6.	The apprentices weekly gross pay (i.e. excluding overtime and bonus but before tax and similar deductions) \pounds
6.	Date Apprenticeship started/
7.	Date Apprenticeship expected to finish/
Si	gnature of Employer
Fu	III Name
St	atus in company
Te	elephone number
E-	mail address
Da	ate/