



South Staffordshire Council

APPLICATION FOR APPRENTICE DISREGARD

Property Address	
Account Reference	

A discount is given to people who are classified as Apprentices. The conditions that must be fulfilled are as follows:-

- The person must be employed for the purposes of learning a trade, business or profession and must be undertaking training leading to a qualification accredited by the Qualifications and Curriculum Authority (QCA) and
- Must be employed at a salary or be in receipt of an allowance (or both) which does not exceed £195 per week.

You must notify this office of any change of circumstances that may affect entitlement to the discount. For example, if the training ends earlier than expected

Name of Apprentice	
Date of Birth	

RESIDENTS IN HOUSEHOLD AGED 18 OR OVER.

Please include yourself and the person for whom a discount is claimed

Name	Relationship to applicant

APPRENTICESHIP DETAILS

Name & address of Employer	
Course start date	
Course end date	
Salary or allowance paid to apprentice	Weekly £ Monthly £

TO BE COMPLETED BY THE EMPLOYER

I confirm that the above named person is an Apprentice and that the information above is correct.

Signature:

Name:

Position held:

On behalf of the company:
(please include company stamp)

Contact telephone number:

Date:

The above section should be completed by the Employer, and the form then returned to:
Revenues & Benefits, South Staffordshire Council, Codsall, Wolverhampton, WV8 1PX

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email @ taxation@sstaffs.gov.uk or by telephone number **(01902) 696664**. Telephone lines are open from 9:00 am until 5:00 pm from Monday, Tuesday, Thursday & Friday: 10:00am until 5:00pm on Wednesday.

Declaration

I declare that the information on this application form is, to the best of my knowledge, correct and complete. I agree to notify South Staffordshire Council of any change in circumstances, which may affect a claim made on this form. I understand that information on this form may be recorded on computers in accordance with the Data Protection Act 1984 and may be used for other Council purposes. I also understand that I may be liable to a penalty if I provide any false information or fail to notify the Council of any change of circumstances, which may affect a claim made on this form.

Signature _____ Date _____

Full Name _____

Telephone Number _____

Would you like to view your bill online instead of receiving a paper bill? YES / NO*

Email address:

* If you said YES, we will send you an email confirming your bill is ready to view, you will then need to register to Self Service to view it.