

**Council Tax Status Discount Application – Apprentices**



Leicester  
City Council

**Revenues & Customer Support**

York House  
91 Granby Street  
Leicester LE1 6FB

Tel: 0116 454 1005  
Fax: 0116 454 0705  
council.tax@leicester.gov.uk

Had a change? Report it at  
[www.leicester.gov.uk/myrb](http://www.leicester.gov.uk/myrb)

Please fill in this form and return it to us within 21 days of the date shown above. If you have any questions about this letter please e-mail us at [council.tax@leicester.gov.uk](mailto:council.tax@leicester.gov.uk) or telephone us on 0116 454 1005. If you want to discuss your council tax at our offices, you will need to make an appointment in advance. Based on the information you have given we will either update our records and send a new bill to you, or contact you for more information.

**Apprentice's Details**

1) Please give the apprentice's full name:

.....

2) Please give the apprentice's address:

.....

.....

3) Please give the apprentice's date of birth

(dd/mm/yy):.....

4) Does the apprentice's training programme lead to a qualification? (Please tick Yes or No) Yes  No

5) If Yes, what is the qualification?

.....

**Data Protection Privacy Statement**

**Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Fair Processing / Privacy Notice on our website: [leicester.gov.uk/privacy](http://leicester.gov.uk/privacy).**

**Declaration:**

I declare the information that I have given on this form is correct to the best of my knowledge. I will Revenues & Customer Support if there are any changes in my circumstances, or any changes that affect the information I have given on this form.

Signature:

Print Full Name:

Date:

Phone Number:

(You do not have to tell us your telephone number, but doing so will help us to contact you quickly in case we need any more information)

**Please pass this form to the employer of the apprentice. The apprentice's employer needs to fill in the statement in part B on the back of this form.**

**Part B**

**Certificate to be completed by the apprentice's employer**

1) **Employer's Details** - Please give the full name and address of the apprentice's employer:

.....  
.....

2) Employer's Phone Number:.....

**EMPLOYER'S STATEMENT ABOUT THE APPRENTICE**

Apprentice's full name:.....

Apprentice's address:.....

.....  
.....

Please give the exact start and intended end date for the apprenticeship (dd/mm/yy):

Start:.....

End:.....

How much is the apprentice paid each week? (If this amount can vary, please give a weekly average based on one month's earnings):.....

How much would the apprentice be paid weekly if they had achieved their qualification? (If this amount could vary, please give a weekly average based on one month's earnings):.....

**Declaration:**

I declare the information that I have given in part B of this form is correct to the best of my knowledge.

Employer's Name: ..... Signature: .....

Date (dd/mm/yy): ..... Daytime Phone Number: .....

(You do not have to tell us your telephone number, but doing so will help us to contact you quickly in case we need any more information)

Employer's stamp (if any):

**Thank you for completing part B of this form. The whole of this application form need to be sent to: FREEPOST RTRE-HTRJ-CSSJ, Leicester City Council, Revenues & Customer Support, York House, 91 Granby Street, Leicester LE1 6FB**