

COUNCIL TAX STATUS DISCOUNT – APPRENTICE EMPLOYER FORM

The apprentice's employer must complete this form. Your application cannot be considered without this information.

About the employer:

Business Name and Address:

About the Apprentice:

Full Name of Apprentice:

Apprentice Candidate Number:

Current gross weekly wage or salary:

£

Expected post qualifying gross weekly wage or salary:

£

About the training programme:

Training Programme Being Undertaken:

Qualification gained:

Start date:

Expected end date:

Name and address of the approved centre to which the training programme is attached:

I confirm that the above named person is employed by this organisation for the purpose of learning a trade, business, profession, office, employment or vocation, and that the training programme being undertaken leads to a qualification accredited by the Qualifications and Curriculum Authority (QCA) or the Scottish Qualifications Authority (SQA).

Signature:

Print Name:

Status within Organisation:

Telephone Number:

Date:

Email Address: