



City of  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

Please give the full name and address of the person who is liable to pay the Council Tax:

**Department of Corporate Services**

Council Tax, PO Box 1242, Bradford, BD1 9YN

Telephone : 01274 437715

Text us : 07786 208100

(if you have speech or hearing difficulties)

Website : [www.bradford.gov.uk/counciltax](http://www.bradford.gov.uk/counciltax)

**Please quote the account reference number:**

**Council Tax – Apprentices and Youth Training Trainees**

This form should be completed and signed by the person who is liable to pay Council Tax at the property shown. If there is more than one apprentice or trainee resident in the property each apprentice or trainee should complete a separate form. **Please complete Part 1 (Section A or Section B) and Part 2.**

**PART 1 – PLEASE COMPLETE EITHER SECTION A OR SECTION B**

**Section A - Apprentices**

1. Full name of apprentice and their title  
(e.g. Mr, Mrs, Miss, etc):

2. Please give the name and address of the apprentice's employer:

3. **CERTIFICATION:** Please ask the employer to complete all parts below:

a. Is the person named above employed with your organisation as an apprentice?

Yes:

No:

b. Please give the exact start and end dates of the apprenticeship (dd/mm/yyyy):

Start:

End:

c. What is the apprentice's gross weekly wage or allowance?

£

d. Is the apprentice studying for a qualification?

Yes:

No:

e. If yes, what is the qualification?

Signed:

Date:

Position in company:

Company stamp:

**Please provide a copy of your apprenticeship agreement**

## Section B – Youth Training Trainees

1. Full name of apprentice and their title  
(e.g. Mr, Mrs, Miss, etc):

2. Trainee's date of birth  
(dd/mm/yyyy):

3. Please give the name and address of the training provider:

4. **CERTIFICATION:** Please ask the training provider to complete all parts below:

a. Is the person named above receiving training with your organisation as a Youth Training Trainee?

Yes:

☐

No:

☐

b. Please give the exact start and end dates of the training scheme (dd/mm/yyyy):

Start:

End:

c. Does the Education & Skills Funding Agency or the Education Funding Agency fund the training?

Yes:

☐

No:

☐

Signed:

Date:

Position in company:

Company stamp:

## PART 2 – TO BE COMPLETED BY THE LIABLE PERSON

**Who lives in the household?** A discount may be given where there is only one adult living in the property counted for Council Tax purposes, or where there are no adults living in the property who are counted for Council Tax purposes.

Please list below **all** the people aged 18 or over who live at the address shown above. If you know that any of them are not counted for Council Tax purposes please give the reason.

Title	Name	Title	Name

### Declaration

**I declare that the information given in this form is correct to the best of my knowledge. I understand that if I am allowed a discount, I must inform Bradford Council within 21 days of any change in the circumstances of my household which may affect that discount**

Signed:

Date:

Your telephone number and email address (in case we need to contact you about your application)

**Data Protection:** The information that you provide will be processed in accordance with the Data Protection Act 1998. However, the Council has a duty to protect public funds and may use certain Council Tax data in cross-system and cross-authority comparison checks for the prevention and detection of fraud. This may include, but is not limited to, matching Council Tax data with Electoral Registration and the residency records of other organisations. The Council may disclose relevant information to other Council departments where it is necessary and lawful to do so for the provision of services. We may also share information with other bodies responsible for auditing or administering public funds.