

Please state their names below:

Moray Council TAXATION SERVICES Council Tax

Skill Seekers/YTT Discount Application Form

Okin Gookere/111	Discount Application Form	
	Office use only	
Name	Account number	
Address	Date of issue	
	Please return by	
Postcode		
Introduction		
If an adult residing in your household is undertaking a training course as a Skill Seeker or a Youth Training Trainee, there may be an entitlement to an award of Council Tax discount.		
Qualification		
Qualification for an award of Skill Seekers/YTT discount is dependent on the person being:		
aged under 25;undertaking a recognised training course.		
Completion Instructions		
If you think that you may qualify for an award of discount, please complete this form in BLOCK CAPITALS and black ink .		
Parts 1 and 4 should be completed by the Council Tax payer Part 2 should be completed by the skill seeker or the youth training trainee. Part 3 should be completed by the skill seeker's or the youth training trainee's employer		
For further information or help in completing this form please telephone (01343) 563456.		
All information given will be treated in the strictest confidence.		
Part 1: Occupancy Details		
Council Tax account number	Do any of these people fall into any of the following categories? (Please ' \checkmark ' the relevant box)	
Are you the only adult occupant? (Please ' $$ ' the relevant box)	Students Severely Mentally Impaired	
Yes No	Apprentices YTT Skill Seekers	
If ' No' , state how many ADULTS live with you		

Student

Nurses

Care Workers

Part 2: Skill Seeker or Youth Training Trainee Details		
Your full name Your address		
Employer's name		
Employer's address		
Please sign the authorisation below, so your employer can com I authorise my employer to give the information requested below.	plete Part 3.	
Signed	Date	
Part 3: Employment Details		
The person named above claims to be serving as a skill with you. Please answer the following questions and retuyouth training trainee.	urn this form to the skill seeker or	
The qualification or course that the person is undertaking		
The date the training course commenced		
The date the training course is due to be completed		
The normal weekly gross salary or allowance received		
Signed	Official Stamp	
Position		
Date		
Please state a contact name and telephone number should we require further information		
Name	Telephone No	
Part 4: Declaration		
I declare that the information on this application is true and correct necessary enquiries to check the information given on this application other council services and external organisations. I undertake to information as it occurs. I understand that if I give information that is incorrect in circumstances, I may be prosecuted.	ion, including cross checking details with rm you of any change in circumstances as	
Signature D	Pate	
Print Name To	elephone	
	Mobile	
Moray Council is the data controller for this process. The information procedured Tax liability will be stored by us in accordance with the General Data Protection Act (DPA) 2018. The information that we hold must be accurancessary. It is shared only where we are legally obliged to do so. You m Notice for more information. It can be found at http://www.moray.gov.uk/dow	a Protection Regulation (GDPR) and the Data ate, up to date, and kept only for as long as any refer to our published Council Tax Privacy	

Please return this form to: Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.

If you require any further information regarding this form, please contact us by:

Telephone: 01343 563456 Webform: moray.gov.uk/ctxenguiry Website: www.moray.gov.uk