



For Office Use Only

CT17b 03/06

Payment Ref	
Date of Issue	

Council Tax: Care Worker Certificate

Care Worker employed to provide care

To be completed by the Care Worker in BLACK INK

1. Name _____

2. Name of the person you provide care for _____

3. Number of hours per week care is provided

4. Amount paid per week for providing care £

5. Name and address of the person who employs you to provide care

Name _____

Address _____

Please tick

Yes

No

6. Does the person named in question 5 provide your accommodation

7. If the person who receives care employs you, state the name and address of the charity who introduced you.

Signed

Date

Daytime
Phone No.
(in case of query)