



For Office Use Only

CT12b 03/06 (I)

Payment Ref.	
Date	

Council Tax: Skillseeker Trainee Certificate

To be completed by the trainee's employer

1. Trainee's name _____

Date of Birth

/ /

2. Employer's name and address

3. I confirm this person is training under the Employment and Training Act 1973 or the Enterprise and New Towns (Scotland) Act and the training scheme is approved for the purposes of Section 28 of the Social Security Contributions and Benefits Act 1992.

5. Date the training started

/ /

6. Date the training ended or is expected to end

/ /

Employer's Stamp

Signed	_____
Designation	_____
Date	_____

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