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**Non Domestic Rates Disabled Persons Relief Application**

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| **ACCOUNT REF. NO** |  |  | **Argyll & Bute Council** |
|  |  |  | **Customer and Support Services** |
| **NAME & ADDRESS:** | |  | **Kintyre House** |
|  | |  | **Snipefield Industrial Estate** |
|  | |  | **Campbeltown** |
|  | |  | **PA28 6SY** |
|  | |  |  |
|  | |  | **Tel: 01586 555249** |
|  | |  | **Fax: 01586 553050** |
|  | |  | **E-mail: ndr@argyll-bute.gov.uk** |

**Non Domestic Rates – Rating (Disabled Persons) Act 1978**

To qualify for relief in terms of the above Act, the premises on which relief of rates is claimed must be wholly or mainly used for one of the purposes specified at question 3 below or a purpose ancillary to those specified. Ancillary purposes could include office space, a laundry or canteen which are used to provide a supporting service which assists with the main purpose for which the premises are used.

1. Name of Organisation claiming Relief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Description of premises on which Relief is claimed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION REGARDING PURPOSES FOR WHICH THE PREMISES ARE USED**

**3**. Are the premises used for any of the following?

* The provision of residential accommodation for the care or after-care of disabled persons or persons suffering from illness? (See note 3)

**YES/NO**

* The provision of facilities for training, or keeping suitable occupied, disabled persons suffering from illness?

**YES/NO**

* The provision of Welfare Services for Disabled persons? If yes, provide details on a separate sheet.

**YES/NO**

* The provision for disabled persons of facilities for employment or work in terms of Section 15 of the Disabled Persons (Employment) Act 1944? (See note 4)

**YES/NO**

* The provision of sheltered employment by a Local Authority in terms of Section 3(1) of the Disabled Persons (Employment) Act 1958? (See note 5)

**YES/NO**

**4.** Please state any ancillary or other purposes for which the premises are used other than those mentioned above.

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**5**. Please use this space if you wish to expand further on the major purposes for which the premises are used.

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Please enclose a plan or diagram of the layout of each floor of the premises, indicating against each room/section of the plan the use to which it is put. **Note: Handwritten plans/diagrams are acceptable.**

**IF THE PREMISES ARE USED AS A HOME, PLEASE COMPLETE THE FOLLOWING QUESTIONS:-**

**6.** Capacity of home: \_\_\_\_\_\_\_\_ persons

**7**. Resident’s Details: Allocation of Residents according to Degree of Impairment

**Please provide the total number of residents for each category**:

|  |  |  |
| --- | --- | --- |
| **A** | No impairment: independent elderly – comparable to those  living without support in the community. |  |
| **B** | Mild Impairment: low dependency - likely to include those needing support in the community, warden supervised accommodation and the better residents in old people’s homes |  |
| **C** | Moderate Impairment: medium dependency – people functioning at this level are likely to need residential care or considerable help and support in the home |  |
| **D** | Marked Impairment: high dependency – it is within this group that there is the greatest overlap between those in social services accommodation and those in hospital |  |
| **E** | Severe Impairment: maximum dependency – this level is seen most often in psycho geriatric wards and the ones who remain in community homes often present considerable problems in terms of their demands on staff time |  |
|  | **Total Number of Residents** |  |

**8**. **Staffing Details**

|  |  |
| --- | --- |
| Number in establishment |  |
| Number in post |  |
| Number holding approved nursing and/or residential care qualification |  |

Please provide details of post designations and qualifications held.

**DECLARATION**

I declare that the information given in this application form and detailed on the enclosed plan/diagram is correct. I understand Argyll & Bute Council may undertake such enquiries it considers appropriate (including inspection of the property) to verify the claim. I undertake to advise the Council of any change of circumstance or use of the property.

|  |  |
| --- | --- |
| **Signature** |  |
| **Position within Organisation** |  |
| **Date** |  |
| **Telephone Number** |  |

**EXPLANATORY NOTES**

1. To qualify for relief, lands and heritages must be occupied by a Local Authority or other body and 50% or more of the floor area must be used wholly for one or more of the purposes specified in question 3 of this form
2. The amount of rebate granted under this scheme will be based on a determination by the Assessor with regard to the rateable value of the building or buildings and the proportion which is used for the purposes set out above
3. The word “care” in question 3 does **NOT** include the provision of medical, surgical or dental treatment and if the premises are mainly used for such a purpose then the answer to these questions should be **“NO”**.
4. Section 15(1) of the **Disabled** **Persons (Employment) Act 1944** states: “Facilities may be provided as specified in this Section for enabling persons registered as handicapped by disablement who by reason of the nature or severity of their disablement are unlikely either at any time or until after the lapse of a prolonged period to be able otherwise to obtain employment, or to undertake work on their own account (whether because

employment or such work would not be available to them or because they would be unlikely to be able to compete therein on terms comparable as respects earnings and security with those enjoyed by persons engaged therein who are not subject to disablement), to obtain employment or to undertake such work under special conditions, and for the training of such persons for the employment or work in question”.

1. Section 3(1) of the **Disabled Persons (Employment) Act 1958** states: “A Local Authority shall have power under this Section to make arrangements for the provision of facilities for any of the purposes mentioned in Sub-Section (1) of Section 15 of the principal Act (which relates to the provision for registered persons who are seriously disabled of employment, or work on their own account, under special conditions, and of training for such employment or work); and in relation to persons ordinarily resident in the are of a Local Authority, the Authority shall, to such extent as the Minister of Labour and National Service may direct, be under a duty to exercise their powers under this Sub-Section”.

The full privacy notice for NDR can be found on our website <https://www.argyll-bute.gov.uk/data-protection#privacy>. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilphead, PA31 8RT, e-mail iain,jackson@argyll-bute.gov.uk or telephone 01546 604188.