



Non Domestic Rates

Application form for Disabled Persons Relief

Your Name:	The property for which you are claiming:
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Date:

Non-Domestic Rates reference:

When completed, this form should be e-mailed to: **nondomesticrates@edinburgh.gov.uk**

or returned to:

Midlothian Council
Non-Domestic Rates
PO BOX 463
Edinburgh
EH7 9DJ

Information
This form enables you to apply for a relief of rates under the terms of the Rating (Disabled Persons) Act 1978. The applicant must be shown in the Council's Assessment Roll.
Please ensure that the Declaration has been signed and any appropriate documents are enclosed.
Explanatory notes are enclosed but if you have any general enquiries or require help with completing this form, please phone 0131 469 5746.

Section A – Ratepayer's information

1. Name of the organisation claiming relief: _____
2. Address of premises for which relief is being claimed:

Section B – Are the premises used for any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. The provision of residential accommodation for: | <i>Please tick</i> | |
| • the care of persons suffering from illness: (see note 3) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • the aftercare of persons who have been suffering from illness: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • the care of disabled persons: (see note 3) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • the aftercare of disabled persons: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. The provision of facilities for training, or keeping suitably occupied, persons who are suffering or have been suffering from illness? Yes No
3. The provision of facilities for training, or keeping suitably occupied, disabled persons? Yes No
4. The provision of welfare services for disabled persons? Yes No
- If 'Yes', please detail the type of welfare services provided:
-
-

5. The provision for disabled persons of facilities for employment or work on their own account? Yes No
[in terms of Section 15 of the Disabled Persons (Employment) Act 1944 (see note 4)]
6. The provision of sheltered employment (workshop or other facilities) by a Local Authority? Yes No
[in terms of Section 3(1) of the Disabled Persons (Employment) Act 1958 (see note 5)]

Section C – other uses

1. Are the premises used for any ancillary or purpose, other than those mentioned in Section B of this application? Yes No
- If 'Yes', please provide details below:
-
-

2. Please expand further on the major purposes for which the premises are used, clarifying the disability / illness suffered by the users of the building:
-
-

3. Please give the name, address and phone numbers of persons to contact should the Council wish for either further explanation of any entry on the form or to arrange a visit to inspect the subjects:

Contact for further information

Contact for visit

Name: _____

Address: _____

Telephone: _____

4. Please enclose a detailed plan or diagram showing the layout of each floor. It should indicate what each room or section is used for.

Suitably marked up handwritten plans or diagrams will be accepted, although if architect's drawings are available, these would be preferred.

Section D – Declaration

Please read this declaration carefully before you sign and date it.

- I declare that the information given on this form is correct and true.
- I authorise the Council to make any necessary enquiries to check the information.
- I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Your signature Date: /

Your Name in block capitals:

Your position within the organisation:

Please give your e-mail address:

Please give your phone number:

Please give your home address:

Non-Domestic Rates

Explanatory Notes to accompany a Disabled Persons Relief Application

Please read this note prior to completing the application for Disabled Persons Relief.
Section B of the application refers to the notes detailed below.

1. The applicant must be shown in the Council's Assessment Roll to be the rateable occupier.
2. To qualify for relief, the premises must be occupied and 50% or more of the floor area must be used wholly or partly for one or more of those purposes specified and partly for purposes ancillary thereto.
3. The word 'care' in question 1 of Section B does not include the provision of medical, surgical or dental treatment. 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 of the severity of their disablement are unlikely either at any time or until after the lapse of a long 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."
5. 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 area 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."
6. **Please also enclose a copy of the Constitution or Articles and Memorandum of Association of your organisation where appropriate.**