WARBLETON PARISH COUNCIL

CO-OPTION APPLICATION FORM

(Part of Policy WPC 15)

Thank you for your interest in becoming a Parish Councillor. Please provide the below information to assist the Council in making its decision.

| Full name & Title | |
|---|--|
| Home Address | |
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| | |
| Hama Talambana | |
| Home Telephone | |
| Mobile Telephone | |
| Email Address | |
| | |
| About You | |
| Please provide the Council with some background information about yourself. | |
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| Reasons for Applying | |
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| Please provide the Council with your reasons for wanting to become a Parish Councillor. | |
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Please return your completed application to the Clerk to the Council. Your application will be considered at the next available Council meeting where a vote will be held to decide whether the Council agrees to co-opt you onto Warbleton Parish Council.

Signature

Data Protection Act: The information provided on this application will remain private and confidential and will only be used for the purpose intended.