

**APPLICATION FOR CO-OPTION ONTO THE COUNCIL**

WARD YOU WISH TO BE CONSIDERED FOR: **ACTON CENTRAL**

1. NAME: .....

2. ADDRESS:.....

3. REASON FOR WANTING TO BE A COMMUNITY COUNCILLOR?  
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4. PERSONAL BACKGROUND INFORMATION ABOUT YOURSELF:  
I.e.: Work:  
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Volunteer Experience:  
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Qualities you would bring to the role of Community Councillor  
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5. PLEASE USE THE SPACE BELOW FOR ANY OTHER INFORMATION THAT HAS NOT BEEN REQUESTED ABOVE THAT YOU THINK MAY SUPPORT YOUR EXPRESSION OF INTEREST TO BE CO-OPTED ONTO ACTON COMMUNITY COUNCIL:  
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I certify that I meet the qualification requirements to be considered for co-option onto Acton Community Council and the information given above is correct

SIGNED: ..... DATE: .....

**Please return this form to:** The Clerk to Acton Community Council, c/o Acton Community Resource Centre, Overton Way, Wrexham, LL12 7LB (or by email to: [clerk@actoncommunitycouncil.gov.uk](mailto:clerk@actoncommunitycouncil.gov.uk))  
**BY NO LATER than NOON on MONDAY 13 MAY 2024**