

APPLICATION FOR CO-OPTION ONTO THE COUNCIL

WARD YOU WISH TO BE CONSIDERED FOR: **BORRAS PARK**

1. NAME:

2. ADDRESS:.....

3. REASON FOR WANTING TO BE A COMMUNITY COUNCILLOR?
.....
.....
.....

4. PERSONAL BACKGROUND INFORMATION ABOUT YOURSELF:
I.e.: Work:
.....
.....

Volunteer Experience:
.....
.....

Qualities you would bring to the role of Community Councillor
.....
.....
.....
.....

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:
.....
.....
.....
.....
.....
.....
.....
.....
.....

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 Little Acton Community Centre, The Green, Little Acton, Wrexham, LL12 8BH or by email to: clerk@actoncommunitycouncil.gov.uk
BY NO LATER than NOON on MONDAY 14 October 2024