

APPLICATION FOR CO-OPTION ONTO THE COUNCIL

WARD YOU WISH TO BE CONSIDERED FOR: **RHOSNESNI**

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 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 16 September 2024