**Snodland Town Council – Co-option of a Councillor Application Form**

Applicant Details

|  |  |
| --- | --- |
| Name |  |
| Commonly used name |  |
| Address including postcode |  |
| Telephone  |  |
| Email |  |
| Date of Birth |  |
| Please state any qualifications or special expertise that you believe will be helpful to you as a Councillor. |
| Briefly outline why you wish to become a Councillor |

I wish to apply to be considered for the vacancy on Snodland Town Council

Signature Date

Information submitted to the Council on this form will be regarded as confidential