

**APPLICATION FOR CO-OPTION**

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| **FULL NAME & TITLE** |  |
| **HOME ADDRESS** |  |
| **HOME TELEHPHONE** |  |
| **MOBILE TELEPHONE** |  |
| **EMAIL ADDRESS** |  |

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| **ABOUT YOU**Please provide the Council with some background information about yourself. For example; previous local government experience, voluntary or charitable work, business or community ventures. Please use a separate sheet if necessary. |
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| **REASONS FOR APPLYING**Please provide the Council with your reasons for wanting to become a member of Crewkerne Town Council. |
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| **SUITABILITY FOR THE ROLE OF COUNCILLOR**Please summarise what experience and skills you can bring to Crewkerne Town Council. For example; professional qualifications, financial or project management experience. Please use a separate sheet if needed. |
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| **ANY OTHER INFORMATION**Please include any other information you would like to include in support of your application. |
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**Signed: …………………………………………………… Print: …………………………………………………………**

**Date: ………………………………………………………**

**Completed application forms must be marked for the attention of Katharine Sheehan FSLCC, Town Clerk, and returned either by email:** **townclerk@crewkerne-tc.gov.uk** **or post: Crewkerne Town Council, Market Square, Crewkerne TA18 7LN by 5pm on Friday 15th March 2024.**