

Holme Low Parish Council

COUNCILLOR CO-OPTION APPLICATION FORM

PERSONAL DETAILS		
Name:		
Address:		
Telephone Number:		
Email address:		
Are you 18 or over?	YES	NO

Please detail any experience you have that may be relevant to Holme Low Parish Council (If necessary, please continue on a separate sheet of paper).

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**Is there any other information you would like to disclose regarding your application?
(If necessary, please continue on a separate sheet of paper).**

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DECLARATION

Name:

Signed:

Date:

Please return this completed form, together with the completed Co-option Eligibility Form to:

Holme Low Parish Council, 5 Burnswark Terrace, Solway Street, Silloth,
Cumbria, CA7 4EF
Tel: 0777 5686857 Email: parishclerk@holmelow-pc.org.uk

The information provided on this application form will remain private and confidential and will not be disclosed to third parties.