ST AUSTELL TOWN COUNCIL



**Councillor Vacancy Application Form**

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| **Date Form Submitted:** |  |

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| --- | --- |
| **Applicant Name:** |  |
| **Applicant’s Full Address:** |  **Postcode:**  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |
| **Vacancy Applied For:** | **St Austell – Bethel & Holmbush Ward** |
| **Why would you like to take up a position as a member of St Austell Town Council?** |  |
| **What skills and experiences do you feel you could bring to this important role?** |  |
| **Any further comments to the Town Council in support of your application?** |   |

**By submitting this form you agree to be bound by the Town Council’s Code of Conduct, Standing Orders and Financial Regulations if you are successful.**

**You also confirm that you meet the qualification criteria set out in the co-option procedure guidance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**Please return your completed form to:**

**Town Clerk**

St Austell Town Council

The Stable Block

Pondhu House

Penwinnick Road

St Austell

PL25 5DP

or

**Email**: david.pooley@staustell-tc.gov.uk

**By 3pm on Friday 2nd July 2021**