

Saltash Town Council

Konsel An Dre Essa

Application Form: **Town Councillor**

Name:

Address:

Postcode:

Telephone number:

Email address:

**Please tell us why you would like to become a Town Councillor.
(Maximum 300 words.)**

Please detail any experience you feel is relevant (e.g. volunteering, community projects, community interest).

Please supply details of two referees:

Reference 1	Reference 2
Name:	Name:
Connection:	Connection:
Telephone No:	Telephone No:
Email address:	Email address:

I confirm that I have the permission of those named as referees to share their details with Saltash Town Council for the purpose of this application.

Name of Applicant:

Signature:

Date:

Please return your completed application form and confirmation of eligibility form by post, hand delivered or emailed:

Post/hand delivered: Saltash Town Council
 The Guildhall
 12 Lower Fore Street
 Saltash
 PL12 6JX

Email: sinead.burrows@saltash.gov.uk

Your Data:

Please refer to the Town Council privacy notice to see how Saltash Town Council uses your data.