Full Name and Title

Appendix A Application for Co-Option

Thank you for your interest in becoming a Parish Councillor. Please provide the information to assist the Council in making their decision.

| Home Address | |
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| Homo Tolonhono | |
| Home Telephone | |
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| Mobile Telephone | |
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| Email Address | |
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| About You | |
| Please provide the Co | ouncil with some background information about yourself |
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| Reasons for applying |
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| Please provide the Council with your reasons for wanting to become a Parish Councillor. |
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| Signature |
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Please return your completed application to the Clerk to the Council at Council Chambers, St Andrews Street, Heckington, Sleaford, Lincolnshire, NG34 9RE. Your application will be considered at the next available Parish Council meeting at which you are invited to attend and speak for a maximum of 5 minutes. A vote will then be held to decide whether the council agrees to co-opt you in to Heckington Parish Council.

Data Protection Act – The information provided on this application form will be treated as Private and Confidential.