



Town Councillor Application Form

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| Name | |
| Address | |
| Contact Number | |
| Email Address | |
| Why do you want to be a Town Councillor for South Woodham Ferrers Town Council ? (please continue on separate sheet if necessary) | |

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| <p>What qualities do you have to offer the Town Council? (Please continue on separate sheet if necessary)</p> | |
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|--|---|
| <p>Which Ward are you applying for</p> | <p>Please circle:</p> <p>Chetwood Collingwood</p> <p>Elmwood Woodville</p> |
| <p>If your first choice is not available would you consider representing another ward:</p> | <p>Please circle:</p> <p>Yes No</p> |

Completed applications must be received by Friday 14th June 2019

Co – option will be decided at South Woodham Ferrers Town Council Meeting on 18th June 2019, it is recommended that you attend this meeting as if successfully co-opted you will participate in the meeting and be appointed to committees

Return to:
 Karen Hawkes – Town Clerk
 South Woodham Ferrers Town Council
 Champions Manor Hall
 Hullbridge Road
 South Woodham Ferrers
 Essex CM3 5LJ

I declare to the best of my knowledge and belief that I am not disqualified from being elected by reason of any disqualification set out in Section 80 of the Local Government Act 1972 or any decision made under Section 79 of the Local Government Act 2000, copies of which sections are enclosed and I do not hold a politically restricted post, within the meaning of Part 1 of the Local Government and Housing Act 1989, within the meaning of that Part.

This Page is Strictly Confidential and information will not be shared

Please tick one box

I am registered as a local government elector for South Woodham Ferrers Town Council

I have during the whole of the twelve months preceding my application occupied as owner or tenant the following land or other premises in South Woodham Ferrers

My principal or only place of work during those twelve months has been in South Woodham Ferrers at

I have during the whole of the twelve months resided in the Parish or within 4.8 kilometres (3 miles) of it (give full address)

Do you consider yourself to have a disability?

Yes No

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application

Signature_____date___/___/___

