



# WARNHAM PARISH COUNCIL

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## PARISH COUNCILLOR APPLICATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TEL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**EXPERIENCE THAT MAY BE RELEVANT TO THE PARISH COUNCIL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS THAT MAY BE RELEVANT TO THE PARISH COUNCIL:**

\_\_\_\_\_

**TELL US BRIEFLY, WHY YOU WISH TO BECOME A PARISH COUNCILLOR:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CONFIRM THAT I HAVE READ THE TERMS OF OFFICE AND AM ELIGIBLE TO STAND AS PARISH COUNCILLOR: YES/NO (Please delete as appropriate).

**SIGNED:**

**DATED:**

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PLEASE RETURN YOUR COMPLETED FORM TO Ashley Brooks, Clerk to Warnham Parish Council, 5 West Way, Slinfold, RH13 0SB or [clerk@warnham.org.uk](mailto:clerk@warnham.org.uk)