



## Co-option Application Form

### Personal Details

**Name:**

**Address:**

**Telephone Name:**

**Email Address:**

**Are you 18 or Over?**

**Yes**

**No**

Please detail any experience you have that may be relevant to Aldingbourne Parish Council (if necessary, please continue on a separate sheet of paper).

Is there any other information you would like to disclose regarding your application?  
(If necessary, please continue on a separate sheet of paper).

**Declaration**

Signed

Name

Date

Please return this completed form together with the completed Co-option Eligibility Form to:

The Clerk

Aldingbourne Parish Council

64 Worcester Road

Chichester

West Sussex

PO19 5EB

Telephone: 07523 243068

Email: [clerk@aldingbourne-pc.gov.uk](mailto:clerk@aldingbourne-pc.gov.uk)

**Data Protection Act 2018 The information provided on this application form will remain private and confidential.**

