Cotswold Electoral Services Election Staff Application Form

| Name | |
|--|--|
| (*Mr/Mrs/Miss/Ms) | |
| Address | |
| | |
| | |
| National Insurance Number | |
| Date of Birth | |
| Home phone number | |
| | |
| Mobile phone number | |
| | |
| Work phone number (if | |
| applicable) | |
| CDC Department (if | |
| applicable) | |
| Email address | |
| De veu heue veur eur | |
| Do you have your own transport ? | |
| | |
| Do you have any previous relevant experience? | |
| If so, please give details: | |
| co, prodec gree detaile. | |
| Which areas would you be | |
| Which areas would you be interested in canvassing? | |
| 3. | |
| | |
| Signed | |
| | |
| | |

Return to:

Elections Team, Cotswold District Council, Trinity Road, Cirencester, Glos GL7 1PX

Direct dial: 01285 623229 / 623227

Email: elections@cotswold.gov.uk