



ABERTILLERY AND LLANHILLETH COMMUNITY COUNCIL  
YOUTH REPRESENTATIVES APPLICATION FORM

Closing Date: 23 October 2024

clerk@abertilleryandllanhilleth-wcc.gov.uk

Name:

Age:

Address:

Contact email:

Parent/Carer Signature (if under 18).....

Please write below the reasons that you want to become one of the Youth Representatives. If you need to please use additional pages.

