Abertillery & Llanhilleth Community Council

YOUTH REPS 2025 APPLICATION FORM

PERSONAL INFORMATION

Full Name :

Date of Birth :

Address :

Phone (18+ only) : Email :

GUARDIAN CONTACT (UNDER 18 ONLY)

Name :

Phone : Relationship :

ABOUT YOU

Do you live, work, train or receive education in the area?

How did you hear about this opportunity?

Have you read the Youth Reps Info Sheet?

YOUR APPLICATION

In your view, what is the most important issue affecting young people in the area today?

01495 217323
clerk@abertilleryandllanhilleth-wcc.gov.uk
www.abertilleryandllanhilleth-wcc.gov.uk

Why would you like to become a Youth Representative?

CONFIRMATION

☐ By ticking this box, I confirm that, to the best of my knowledge, the information I have provided on this form is true and accurate.

Signature : _____ Date : _____

GUARDIAN CONSENT (UNDER 18 ONLY)

Name : _____ Relationship : _____

Signature : _____ Date : _____