

INTENT OF APPLICATION FORM

Please complete in type script and return with a scanned head and shoulders photo of yourself

1. CONTACT DETAILS

Surname: Forename:

Middle name: Known as:

Title: Previous name (if any):

Home address (including County and postcode):

Email address (please use a personal email address):

Mobile number: Home telephone:

Work telephone: Nationality:

Please only complete the email and phone boxes if you consent to being contacted in this way

2. PREVIOUS APPLICATIONS:

Have you applied before?: Yes No

If yes, when?:

Did you attend a PAB and when?: Yes No

3. PARTY MEMBERSHIP:

Date joined the Party: Membership number:

Association:

Last Payment Date:

4. CURRENT OCCUPATION:

5. POLITICAL EXPERIENCE:

6. VOLUNTARY AND COMMUNITY WORK:

Date form completed:

Please return to: candidateenquiries@conservatives.com