**Election Staff Details**

Please amend any information that is incorrect and fill in any gaps – it is extremely important that you provide us with all the information requested.

|  |  |
| --- | --- |
| **Part 1 – General Information** |  |
| Description | Detail – Please fill in all the boxes where applicable |
| Surname |  |
| First name |  |
| Initials |  |
| Correspondence Address |  |
| Date of Birth |  |
| National Insurance Number |  |
| Home Phone Number |  |
| Mobile Phone Number – This may be used to contact you by text message. If you would prefer not to be contacted in this way please tick here.  |  |
| Work Phone Number |  |
| Do you have your own transport? | **YES/NO** |
| E-Mail (Work) |  |
| E-Mail (Home) |  |

If you work for Angus Council please provide the following additional information:

|  |  |
| --- | --- |
| Directorate: |  |
| Service: |  |
| Workplace address (if different from above) |  |

|  |  |
| --- | --- |
| **Part 2 – Availability** |  |
| Description | Detail – Please fill in all the boxes where applicable |
| **Please indicate which duties you wish to be considered for:** |
| Presiding Officer | **YES/NO** |
| Poll Clerk | **YES/NO** |
| Count Supervisor/Senior Enumerator | **YES/NO** |
| Count Enumerator | **YES/NO** |
| Count Support Team | **YES/NO** |
| Postal Vote Team | **YES/NO** |
| Please give the name of your preferred polling place: (Please note that the Election Team cannot guarantee you will be allocated to this polling place.) |
| If a position is unavailable at this polling place, would you be prepared to work at another station?**YES/NO** |
| Please indicate any dates in 2024 on which you are not available (e.g. holidays) |
| Do you have a car available for use on the day of the election? **YES/NO****(If YES, please complete, read and sign the section below)** |
| **Car Insurance Certification**I confirm that the current insurer of my vehicle will be notified of the use of my vehicle for election duties. I further certify that cover is in force, I am the holder of a full UK driving licence and where required by law, that my vehicle has a current MOT certificateSignature --------------------------------------------------------- Date ------------------------------ |

|  |  |
| --- | --- |
| **Part 3 – Bank Details** |  |
| Description | Detail – Please fill in all the boxes where applicable |
| Bank Account Name |  |
| Bank/ Building Society Name & Address |  |
| Bank Sorting Code |  |
| Bank Account Number |  |
| Building Society Number |  |

**RETURN COMPLETED FORMS TO: ELECTIONS@ANGUS.GOV.UK**