

Application for Co-option

Thank you for your interest in becoming a Town Councillor. Please provide the below information to assist in making their decision.

Full Name / Title	Mrs Audra Mitcheson - Soley
Home Address	[Redacted] Torpoint [Redacted]
Telephone	[Redacted]
Email Address	[Redacted]

About You

Please provide with some background information about yourself and your reasons for wanting to become a local councillor (Up to 300 words)

I have lived in Torpoint for ten wonderful years! I moved here to continue my job as 'Cover Supervisor' at TCC.
 Before moving, I ran DSYTC a youth Theatre company set up for children - all children. They are ~~are~~ (whoops) our future, our worth and like children we are also learning each day. I would love Torpoint to be sustainable for this.

I, Audra Mitcheson - Soley hereby confirm that I am eligible for the vacancy of councillor on Torpoint Town Council, and the information given on this form is true and accurate record.
 Audra Mitcheson - Soley

Signature	<u>Audra Mitcheson - Soley</u>
-----------	--------------------------------

Please return your completed application to:

<p>Camilla Southworth Town Clerk & RFO 1-3 Buller Road, Torpoint, PL11 2LD Tel: 01752 814165 Email: clerk@torpointtowncouncil.gov.uk</p> <p style="text-align: center;">Closing Date for applications: midday Tuesday 9th June 2026</p>
--