COMMUNITY BUS PARTNERSHIP
EXPRESSION OF INTEREST

BUS ROUTE: No 113

NAME
ADDRESS

POST CODE

TELEPHONE NUMBER Evening: Daytime:

EMAIL

WOULD YOU BE INTERESTED IN HAVING A SPECIFIC ROLE?
(If so, please specify ie Chair, Vice Chair, Community Champion)

DO YOU HAVE ANY PREVIOUS EXPERIENCE OF BEING ON A PARTNERSHIP OR COMMITTEE?
YES/NO (if YES, please provide details below)

IS THERE ANY FURTHER LOCAL INFORMATION YOU WOULD LIKE US TO BE AWARE OF?

AVAILABILITY (Once established, it will be the role of the partnership to set how often it meets)

EVENINGS

MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN ☐

DAYTIME

MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN ☐

Completed forms should be Emailed to leicestershireforums@leics.gov.uk or posted to:
Leicestershire County Council, Room 300b
County Hall, Glenfield, Leicestershire LE3 8RA