**Mayor’s Engagement Form 2025/26**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Location of your Event  Day, Date & Time of your Event  Suggested Arrival and Departure Time | Arrival ……………………………  Departure ………………………. | | Is your Event (please circle):  Conference/AGM Opening/Launch  Prize/Award Giving Sports  School Concert/Show/Award Hospital Visit  Military Service Private Church  Civic[[1]](#endnote-1) Charity    Lunch/Dinner Carol Service  Theatre/Concert/Show/Festival  Other (Please specify): | | |
| Name of your Organisation |  | | | | |
| Contact Details | Name: | Telephone No: | | | Email Address: |
| Can the Mayor bring a Guest? | Please Circle    YES[[2]](#endnote-2) NO | | | | |
| What would you like the Mayor to do? | Please give a brief outline of events and the Mayor’s role (i.e. cut the ribbon, present awards, come along to support event) | | | | |
| Who will meet the Mayor and/or Consort/Mayoress/Escort on Arrival? |  | | | Parking – Where can the Mayor’s car be parked?  (Please reserve a space if possible[[3]](#endnote-3)) | |
| Dress for Mayor and/or Consort/Mayoress/Escort | Please circle the dress requirement for your event[[4]](#endnote-4)  INFORMAL FORMAL (i.e. Suit & Tie – Dress) EVENING (i.e. Black Tie Dinner Suit – Cocktail Dress) | | | | |
| Do you require the Mayor to make a Speech? | Please circle  YES NO | | | Briefly describe what you would like the Mayor to cover in the speech: | |
| Any other useful information for the Mayor? |  | | | | |
| Would you require for the Deputy Mayor to attend your event, if the Mayor is unavailable to attend? | YES NO | | | | |

**Additional Information for Organiser**

Councillor John Wells is the 764th The Right Worshipful the Mayor of the City of Salisbury. His Mayoress is Mrs Josephine Wells, and the Deputy Mayor is Councillor Alan Bayliss.

The Mayor’s Charity for 2025- 2026 is [Alabaré.](https://alabare.co.uk/)

Donations to this charity can be made by contacting them directly or by BAC’s payment using reference Mayors Appeal.

Name: Salisbury Mayor’s Appeal

Bank: LLOYD’S BANK Account No: 67253360 Sort Code: 30-99-50

To understand the full scope of the Mayor/Mayoress/Deputy Mayor role and responsibilities please see the [link](http://www.salisburycitycouncil.gov.uk/images/Policies_2015/Policies_2016/DOC54450_Civic_Handbook_uploaded_17.02.16.pdf).

Once completed please return this form to:

Mayor’s Office, Salisbury City Council, The Guildhall, Market Place, Salisbury, SP1 1JH.

Or email [mayor@salisburycitycouncil.gov.uk](mailto:mayor@salisburycitycouncil.gov.uk).

Thank you for completing the form.

1. Outside Civic Events - Please specify in ‘any other business’ if permission is granted to wear chains [↑](#endnote-ref-1)
2. Guest will be – Mayoress/Consort or Escort [↑](#endnote-ref-2)
3. If the Mayor’s car needs to be ‘booked in’ please specify [↑](#endnote-ref-3)
4. Chains will be worn unless specified differently

   Salisbury City Council will not sell or rent your personally identifiable information to anyone, or use the data for any other purpose incompatible with the purpose for which it was originally collected (Mayor’s Engagement Form).

   We will only hold your information for as long as necessary for the purposes (a year after the event)

   I consent for my personal data being held for the purposes listed 🖵 [↑](#endnote-ref-4)