

## Kirton in Lindsey Town Council

## Co-Option Application Form

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| Name:  |  |  |
| Address:  |  |  |
| Telephone Number:  |  |  |
| Email Address:  |  |  |
| Are you 18 or over? Yes / No  |  |  |
| Electoral number (if known): |  |  |

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| **Please detail any experience, knowledge or skills which you feel you can bring to Kirton in Lindsey Town Council (if necessary, please continue on a separate sheet)**  |
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| **Please tell us your reasons for wishing to become a Town Councillor (if necessary, please continue on a separate sheet).**  |
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| **Are there any factors, other than exceptional circumstances, that might prevent you from regularly attending the monthly Council/Committee Meetings (e.g. working / membership of clubs which meet in the evenings)? (if necessary, please continue on a separate sheet).** |
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| **Are there any local issues that you are particularly interested in that you believe could be of benefit to the community? (if necessary, please continue on a separate sheet).** |
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### Use of Personal Information

The Town Council will use your information, including that which you provide on this application form, to assess your suitability to be a Town Councillor.

### Declaration & Consent

I have read the section entitled “Use of Personal Information” and by signing this form I consent to the use and disclosure of my information included in this application form to assess my suitability to be a Town Councillor.

I declare the information given on this form to be true and correct.

SIGNED……………………………………..……. NAME……….……..………………………………

DATE…………………………………………..…..

 **Please complete and return this form, together with the completed Co-option Eligibility Form to:**

Town Clerk, Kirton in Lindsey Town Council, Diamond Jubilee Town Hall, High Street,

Kirton in Lindsey, DN21 4LZ (Tel: 01652 648978)

Email: enquiries@kirtoninlindseytowncouncil.gov.uk

# APPENDIX B

**Kirton in Lindsey Town Council Co-Option Eligibility Form**

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| **1. In order to be eligible for co-option as a Town Councillor you must satisfy certain criteria. You must satisfy (a) and (b) below and at least one of the options (c) – (f). Please tick which apply to you:** 1. I am 18 years of age or over; and □
2. I am a British citizen or a citizen of the Commonwealth or a citizen of any other member state of the European Union; and □
3. I am registered as a local government elector for the parish; or □
4. I have, during the whole of the twelve months preceding the date of my co- option occupied, as owner or tenant, land or other premises in the parish; or □
5. My principal or only place of work during those twelve months has been in the parish; or □
6. I have during the whole of those twelve months resided in the parish or within

 3 miles of it. □ |
| **2. Please note that under Section 80 of the Local Government Act 1972 a person is disqualified from being a Town Councillor if they:** 1. Are employed by the Town Council or holds paid office under the Town Council
2. Is employed by an entity controlled by the Town Council;
3. Is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or a debt relief restrictions order or an interim debt relief restrictions order; or
4. Has within five years before the day of co-option, or since their co-option, been convicted in the UK, Channel Islands or Isle of Man of any offence and has been sentenced to imprisonment (whether suspended or not) for not less than three months without the option of a fine; or
5. Is otherwise disqualified under Part III of the Representation of the People Act 1983 (relating to corrupt or illegal electoral practices and offences relating to donations) or the Audit Commission Act 1998.
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## Use of Personal Information

The Town Council will use the information provided on this form to assess your eligibility to be a Town Councillor.

## Declaration & Consent

I……………………………………………………………………. hereby confirm that I am eligible for the vacancy of Kirton in Lindsey Town Councillor and I am not disqualified under s80 of the Local Government Act 1972 from being a Town Councillor and that the information given on this form is true and correct.

I have read the section entitled “Use of Personal Information” and by signing this form I consent to the use and disclosure of my information included in this form.

Signature…………………………………………..… Name…………..………………………………………

Date……………………………………..……………