**SANDY TOWN COUNCIL**

APPLICATION FOR CO-OPTION

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| Full Name |  |
| Home address (in full) |  |
| Telephone number |  |
| Email address |  |
| Ward I wish to be considered for (If more than 1 vacancy exists) |  |

**Please note, this application form will remain strictly confidential. It will be considered by existing Council Members ONLY. It will NOT be made available to the public.**

**Please provide some brief details about yourself**

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**Please explain your interest in Sandy and why would you like to join the Town Council?**

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**What skills or interests do you have that you think might benefit the Town Council?**

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**NOTES:**

**Qualifications for being a local councillor:**

You must be over 18 years old **AND**

1. Be an elector
2. Be a Commonwealth citizen (which includes being a British citizen) or a citizen of the European Union
3. For the whole of the twelve months before the date of the co-option either

Have resided in the locality or within three miles of it

**or**Have occupied any premises or land as owner or tenant therein  **or**
Had your principal or only place of work there (such work need not be paid but must be substantial)

**You are disqualified from being a local councillor if:**

1. You hold any paid office, employment or other place of profit in the gift or disposal of Sandy Town Council, or any committee or sub-committee thereof

**or**

1. you are subject to a bankruptcy restrictions order or an interim order

**or**

1. you have within five years before the co-option or since been convicted in the UK, Channel Islands or Isle of Man of any offence and been sentenced to imprisonment (suspended or not) for not less than three months without the option of a fine

**or**

1. you are convicted of offences involving corrupt or illegal practices under Part III of the Representation of the People Act 1983

**or**

1. you have been convicted for the failure to register or declare disclosable interests under the Localism Act 2011 (England)

**Please complete the following declaration:**

I have read the conditions for becoming a Town Councillor and confirm that I am qualified to be considered for co-option.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_