

TUTBURY PARISH COUNCIL
FORM FOR CO-OPTION OF PARISH COUNCILLOR

I (Printed name in full)

Of (home address in full)

I wish to apply for the vacancy of Parish Councillor for Tutbury Parish. I declare that I am qualified to be co-opted by virtue of being a Commonwealth or European community citizen and am over the age of 18 years and that:-

*a) I am registered as a local government elector for the administrative area of Tutbury Parish in respect of (qualifying address in full)

and my electoral number is _____ ; **Or**

*b) I have during the whole of the preceding 12 months occupied as owner or tenant of the following land or other premises in the Parish (description and address of land and premises); **Or**

*c) My principal or only place of work during those twelve months has been in Tutbury Parish at (give address of place of work and, where appropriate, name of employer); **Or**

*d) I have during the whole of the preceding 12 months resided in Tutbury Parish or within 3 miles/4.8 km of it at (give address in full)

* *Delete whichever is inappropriate, (but you can include all those that apply)*

Disqualification criteria

You will not be eligible to become a councillor if the following applies to you.

You are a paid employee of the council

You are subject to a bankruptcy restriction order or an interim debt relief restrictions order or debt relief restrictions order

Had any convictions in the last five years

If you have had a conviction of offences involving corrupt or illegal practices.

If you have failed to register or disclose interests.

I confirm that the disqualification criteria does not apply to me

Home Phone Number	
Mobile Phone Number	
Email Address	
Current Employment status	
Name of Employer	
Current Employment Role	
Why are you interested in being a councillor?	

Any other relevant information about yourself	

TUTBURY PARISH COUNCIL
FORM FOR CO-OPTION OF PARISH COUNCILLOR

TO BE COMPLETED AT THE CO-OPTION MEETING

Signed in my presence

Signature of Proposer:

Name and address of Proposer

Signature of Secunder:

Name and address of Secunder

I declare to the best of my knowledge and belief I am not disqualified from being co-opted by reason of any disqualification set out in Section 80 of the Local Government Act 1972 (bankruptcy order or interim order, sentenced to a term of imprisonment in the last 5 years) or have been disqualified under any enactment relating to corrupt or illegal practices.

Date of Birth _____

Signature _____

Date _____