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| **APPLICATION FOR CO-OPTION TO TREARDDUR COMMUNITY COUNCIL** |
| Candidate’s surname: |  | Mr / Mrs / Miss / Ms / Dr / Other |
| Other forenames in full: |  |
| Date of birth: |  |
| Home address: |  |
| Contact number: |  |
| E-mail address: |  |

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|  I declare that I am a qualifying Commonwealth citizen, a citizen of the Republic of Ireland, a relevant citizen of the Union or a qualifying foreign citizen who has attained the age of 18 years and meet at least one of the following criteria:  |
| 1. I am registered as a local government elector for the area of Trearddur Community Council on the day on which I complete this nomination paper and will continue to be for the foreseeable future;
 | Yes / No |
| Please provide the address in respect of which you are registered as a local government elector*:* |
| 1. I have occupied as owner or tenant land or other premises in the area of Trearddur Community Council during the whole of the period of 12 months preceding the day on which I complete this nomination paper and I will continue to do so for the foreseeable future;
 | Yes / No |
| Please provide a description and the address(s) of the land or premises that you have occupied as owner or tenant: |
| 1. My principal or only place of work during the period of 12 months preceding the day on which I complete this nomination paper has been in the area of Trearddur Community Council
 | Yes / No |
| Please provide the address of your place(s) of work: |
| 1. I have resided in area of Trearddur Community Council or within three miles of it during the whole of the period of 12 months preceding the day on which I complete this nomination paper and I will continue to reside in that community or within three miles of it for the foreseeable future;
 | Yes / No |
|  Please provide the address or addresses in full where you have resided: |
| **ADDITIONAL INFORMATION** |
| **Please give a brief description of what knowledge, skills and experience you might bring to the Council:** |
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|  **Please tell us why you are interested in being a Community Councillor.** |
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|  **Disqualifications:**  *(Certain people are disqualified from standing, and these include paid officers of the community council, anyone subject to bankruptcy restriction orders and those subject to recent sentences of imprisonment.)* |
| I declare that to the best of my knowledge and belief I am not disqualified from being elected as councillor by reason of any disqualification set out in section 80A of the Local Government Act 1972 or any decision made under section 79 of the Local Government Act 2000 and I do not hold a politically restricted post, within the meaning of Part 1 of the Local Government and Housing Act 1989, under a local authority, within the meaning of that Part. I wish to be considered for co-option for a vacant seat in the office of Councillor. |
|  **Section 6: Candidate’s signature to nomination paper and attestation by witness** |
|  Candidate’s signature: |  |
|  Date of signature: |  |
|  Signed in presence of a witness [Name of witness] |  |
|  Signature of witness: |  |