## SALTFLEETBY PARISH COUNCIL – CO-OPTION APPLICATION FORM

Application for Co-option				
Full name and title				
About you	In the box below tell us a little about your background, skills and experience that might be useful if you join the parish council.			

<b>Reasons for applying</b> <i>Please explain here your reasons why you want to be a member of the Tow Parish Council</i>	
Signature	
Date	

Return this form to the Parish Clerk once you have completed it.

clerk@saltfleetbyparishcouncil.gov.uk

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Eligibility to be a Parish Councillor					
Full name	and Title				
Но	me address				
Hom	ne telephone				
Mob	ile telephone				
Em	nail address				
It is a condition of being a Parish Councillor that your name will be made public via notice boards and the parish council website. You may need to disclose your phone and email address to deal with parish council matters. Do you agree to this? Yes / No					
Are you a British, Commonwealth or other European Union Citizen and not require leave to enter or remain in the United Kingdom or have indefinite leave to remain? Yes / No					
Are you a	ged over 18?		Yes / No		
	,	to answer 'Yes' to at least one of the questions egister for Saltfleetby Parish Council? Yes	below / No		
		arish of Saltfleetby or within 3 miles	, NO		
	ndary, for at least a	-	Yes / No		
	•	or tenant of land in Saltfleetby Parish for at			
least a year? Yes / No					
d) Have you had your only or main place of work in parish of Saltfleetby					
for at leas	st a year?		Yes / No		
You must	be able to answer	'No' to all the questions below to be eligible to	serve as a councillor.		
i)		ect of a bankruptcy restrictions order or interir			
ii)		the last five years been convicted of an offence			
		nds or Isle of Man and has been sentenced (wh			
		ot) to imprisonment for three months or more v			
iii)	option of a fine?	fied by order of a court from being a member c	Yes / No		
,	local authority?	ned by order of a court from being a member e	Yes / No		
iv)	•	tfleetby Parish Council, a joint committee or ho	-		
	paid office? Yes / No				
v)	Subject to the no or Sexual Risk O	otification requirements of the Sexual Offences			
	or sexual Risk Ol	ders	Yes / No		
Signature					
	Date				

When completed return this form to the Clerk to Saltfleetby Parish Council.

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