



CO-OPTION APPLICATION FORM

Name	
Address	
Telephone number	
Email address	

Please detail any experience you may have that is relevant to the Parish Council (continue onto a separate sheet if necessary).

Is there any other information you would like to disclose regarding your application (continue onto a separate sheet if necessary)

Declaration and Consent

I confirm that I am not disqualified from being a councillor and meet the criteria under s.79, Local Government Act 1972, as below:

- ✓ I am over 18 years of age.
- ✓ I am a qualifying commonwealth citizen or an EU citizen.
- ✓ I meet one or more of the other requirements, as indicated below.
 - I am registered as a local government elector for the parish.
 - 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.
 - My principal or only place of work during those twelve months has been in the parish.
 - I have during the whole of those twelve months resided in or within 3 miles of the parish.

Signed.....

Name

Date.....

Please return this completed form to:

email: westrowpc@gmail.com
or
Postal address
Parish Clerk
Willows End, Weston Ditch,
West Row,
Suffolk IP28 8RD

Use of Personal Information

The Parish Council will use your information, including that which you provide on this application form, to assess your suitability as a Parish Councillor. For full details of how we manage personal information please use this link to visit our website and our privacy notice.