



## CO-OPTION APPLICATION FORM

<b>Name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Email address</b>	

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

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

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## 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: [clerk@westrow-pc.gov.uk](mailto:clerk@westrow-pc.gov.uk)

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.