## **CONINGSBY TOWN 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.		
Reasons for applying	Please explain here your reasons why you want to be a member of the Town/ Parish Council		
Signature			
Date			

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

clerk@coningsbytowncouncil.gov.uk

or to Town Office, Silver Street, Coningsby, LN44SG

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Eligibility to be a Parish Councillor					
Full name	and Title				
Hor	ne address				
Hom	e telephone				
Mobi	le telephone				
Em	ail 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 ag	ged over 18?		Yes / No		
To aualify	vou must be able	to answer 'Yes' to at least one of the questions b	 elow		
		egister for Coningsby Town Council? Yes /			
b) Have you lived either in parish of Coningsby or within 3 miles					
	idary, for at least a	•	Yes / No		
c) Have you been the owner or tenant of land in Coningsby parish for at					
least a year? Yes / No d) Have you had your only or main place of work in parish of Coningsby					
for at least a year? Yes / No					
	,				
You must l	be able to answer	'No' to all the questions below to be eligible to se	erve as a councillor.		
i)		ect of a bankruptcy restrictions order or interim			
ii)	•	you within the last five years been convicted of an offence in the UK,			
		nds or Isle of Man and has been sentenced (whe			
	option of a fine?	ot) to imprisonment for three months or more w	Yes / No		
iii)	•	fied by order of a court from being a member of			
,	local authority?	, c	Yes / No		
iv)		ningsby Town Council, a joint committee or hold			
,	paid office?		Yes / No		
v)	or Sexual Risk O	otification requirements of the Sexual Offences a	Yes / No		
	Of Sexual Nisk O	ideis:	163 / 110		
Signature					
	5				
	Date	j			

When completed return this form to the Clerk to Coningsby Town Council.

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