**KESWICK TOWN COUNCIL**

**Co-option Application Form**

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| **PERSONAL DETAILS – (Block Capitals Please)** | | |
| **Name:** |  | |
| **Address:** | | |
| **Telephone or Mobile Number:** |  | |
| **Email address:** |  | |
| **Are you 18 or over** | Yes | No |

If NOT resident in Keswick please confirm the address for qualification in Appendix 2 Section 1 Eligibility

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| Address |

Is there any other information you would like to disclose regarding you application? (e.g. if you are related to an employee of the Council/would require assistance during Council meetings with mobility, hearing or vision).

Signature ……………………………………………. Date ………………………………..

Please return your completed form, together with your written summary and the Co-option eligibility form to:

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| For verification by Town Clerk:  Electoral Roll No. |

Town Clerk  
Keswick Town Council  
50 Main Street  
Keswick  
CA12 5JS

Email: [office@keswicktowncouncil.gov.uk](mailto:office@keswicktowncouncil.gov.uk)

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| Please detail any experience you have that may be relevant to Keswick Town council (If necessary, please continue using a separate sheet of paper). |
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**Co-option Eligibility Form**

In order to be eligible for co-option as a Keswick Town councillor you must be a British subject, or a citizen of the Commonwealth or the European Union; and be 18 years of age or over on the ‘relevant date’ (i.e the day on which you are nominated or if there is a poll the day of the election). You must additionally be able to meet one of the following qualifications (Please tick which of the above applies to you).

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* I am registered as a local government elector of the parish of Keswick; **or**

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* I have, during the whole of the twelve months preceding the date of my co-option, occupied as an owner or tenant, land or other premises in the parish of Keswick; **or**

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* My principal or only place of work during those twelve months has been in the parish of Keswick; **or**

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* I have during the whole twelve months preceding the date of my co-option resided within 3 miles of the parish of Keswick.

Please note that under Section 80 of the Local Government Act 1972 a person is disqualified from being elected as a Local Councillor or being a member of a Local Council if he/she:

1. holds any paid office or employment of the Town council (other than the office of Chair) or of a joint committee on which the Council is represented:

**or**

1. is a person who has been adjudged bankrupt or has made a composition or arrangement with his/her creditors\* (but see below);

**or**

1. has within five years before the day of the election, or since his/her election, been convicted in the UK, Channel Islands or Isle of Man of any offence and has been sentenced to imprisonment (whether suspended or not) for not less than three months without the option of a fine;

**or**

1. is otherwise disqualified under Part III of the Representation of the People Act 1983 for corrupt or illegal practices

\*This disqualification for bankruptcy ceases in the following circumstances:-

1. If the bankruptcy is annulled on the grounds that either the person ought not to have been adjudged bankrupt or that his/her debts have been fully discharged;
2. If the person is discharged without a certificate that the bankruptcy was caused by misfortune without misconduct on his/her part;
3. If the person is discharged without such a certificate.

In (i) and (ii) above, the disqualification ceases on the date of the annulment and discharge respectively. In (iii), it ceases on the expiry of five years form the date of discharge.

I (insert name)………………………………………………………………… hereby confirm,

That I am eligible to apply for the vacancy of Keswick Town Councillors, and the information given on this form is a true and accurate record.

Signed ……………………………………………………. Dated ……………………………………………

WARD …………………………………………………………………………………………………………………

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| For verification by Town Clerk  Electoral Roll number:  Electoral Roll Number: |

\*Proposer

Name ……………………………………………………

Address ………………………………………………………………………………………..

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| For verification by Town Clerk  Electoral Roll number:  Electoral Roll Number: |

\*Seconder

Name ……………………………………………………..

Address ………………………………

\*Please note proposers and seconders need to be electors in the ward in which you intend to apply for co-option.