

The information that you provide in this form will be used by the Council to process your application to join the Council as a co-opted member. It will only be used for that purpose. Your rights are protected under the Data Protection Act 2018. For more information about how this information will be used please feel free to contact the Town Clerk clerk@peterlee.gov.uk or 0191 5862491.

| PERSONAL DETAILS (block capitals please) | | | |
|--|------------------|-----|--|
| Full Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Telephone number | Home: Mobile: | | |
| Email Address | | | |
| Are you aged 18 or over (please x one) | Yes | No□ | |

| PERSONAL STATEMENT: Please attach a written summary covering your reasons for wishing to be a councillor. This could include previous voluntary/community/council work; any relevant skills or experience you can bring to the Council; your interests and recent career history. | | | | |
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| Is there any other information you would like to provide regarding your application? (E.g. if you are related to an employee of the Council; or would require assistance during Council meetings with your mobility, hearing or vision; or any other matter you wish to bring to the Council's attention. | | | |
|--|------|--|--|
| y y | | | |
| | | | |
| Your Signature | Date | | |

Please return this completed application form \underline{and} the completed Declaration of Eligibility Form on the next couple of pages to:-

Mr Ian Hall
Town Clerk
Peterlee Town Council
Shotton Hall
Old Shotton
Peterlee
Co.Durham SR8 2PH

Or by email to clerk@peterlee.gov.uk

Part 2: Your declaration of eligibility

1. In order to be eligible for co-option as a Peterlee 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 standing for co-option. You must additionally be able to meet one of the following qualifications:

| Please 'x' <u>all</u> that apply to you | You are |
|---|---|
| | I am registered as a local government elector for the parish of Peterlee; or |
| | 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 of Peterlee; or |
| | I have during the whole of the twelve months preceding the date of my co-option lived in the parish of Peterlee or within 3 miles of it; or |
| | I have during the whole of twelve months preceding the date of my co-option worked in the parish (as my principal or only place of work) |

- 2. 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:
 - a. Holds any paid office or employment of the local council (other than the office of Chairman) or of a joint committee on which the Council is represented; or
 - b. Is a person who has been adjudged bankrupt or has made a composition or arrangement with his / her creditors* (but see below); or
 - c. Has within five years before the day of co-option, or since his / her co-option, 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
 - d. Is otherwise disqualified under Part III of the representation of the People Act 1983 for corrupt or illegal practices; or

- e. Is disqualified by a court from holding public office.
 - * This disqualification for bankruptcy ceases in the following circumstances:
 - i) If the bankruptcy is annulled on the grounds that either the person ought not to have been adjudges bankrupt or that his / her debts have been fully discharged;
 - ii) If the person is discharged with a certificate that the bankruptcy was caused by misfortune without misconduct on his / her part;
 - iii) 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 from the date of discharge.

| I (insert name) | | hereby confirm, |
|-----------------|---|-----------------|
| | pply for the vacancy of Peter this form is a true and accura | |
| Signed | Dated | |