

CO-OPTION APPLICATION FORM

1 Personal Details

Full Name: _____

Address: _____

Email: _____

Phone: _____

2 Eligibility Criteria

Please tick all that apply (You must meet at least one):

☐ I am registered as a local government elector for the parish.

☐ I have, during the whole of the last 12 months, occupied land/premises in the parish.

☐ My main place of work during the last 12 months has been in the parish.

☐ I have lived in the parish (or within 3 miles of it) for the last 12 months.

3 Personal Statement

Please provide a brief summary of why you are interested in this role and any relevant skills or experience you would bring (e.g., professional skills, community volunteering, local knowledge).

4 Declaration

I confirm that I am over 18 years of age and am not disqualified from being a councillor under Section 80 of the Local Government Act 1972.

Signature: _____ **Date:** _____