**East Leake Parish Council – co-option of Councillor**

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| --- | --- | --- | --- | --- | --- |
| **Candidate’s eligibility for co-option – ELPC** | | | | | |
| \*You must declare that you meet at least one of the listed qualification(s) below. To do this, strike through any that do not apply. Any qualification(s) that apply must match your home address. | | | | | | | |
| Full name | | | |  | | | |
| Home Address | | | |  | | | |
| I declare that on the day of my nomination, I am qualified and that, I will be qualified to be so co-opted by virtue of being on that day or those days a qualifying Commonwealth citizen, a citizen of the Republic of Ireland or a citizen of a Member State of the European Union, who has attained the age of 18 years and that | | | | | | | |
| \*a. I am registered as a local government elector for the area of East Leake Parish Council; or | | | | | | | |
| \*b. I have, during the whole of the 12 months preceding that day or those days occupied as owner or tenant land or other premises in East Leake Parish; or | | | | | | | |
| \*c. my principal or only place of work during those 12 months has been in East Leake Parish; or | | | | | | | |
| \*d. I have during the whole of those 12 months resided in East Leake Parish or within 4.8 kilometres of it. | | | | | | | |
| I declare that to the best of my knowledge and belief I am not disqualified for being elected by reason of any disqualification set out in, or decision made under, section 80 of the Local Government Act 1972 or section 34 of the Localism Act 2011 (copies of which are printed overleaf). | | | | | | | |
| Date of birth: | | | Signature and date | | | |
|  |  |  |  | | | |
| Witness: I confirm the above-mentioned candidate signed the declaration in my presence. | | | | | | | |
| Witness (name in full): | | | | |
| Witness’s signature: | | | | |

**Return to** [**parishclerk@east-leake.gov.uk**](mailto:parishclerk@east-leake.gov.uk)