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**The Civic Hall, Station Road, Barnoldswick, BB18 5NA Tel 01282 788090**

**Email: barnoldswicktowncouncil@gmail.com**

**Application for Co-option to Barnoldswick Town Council**

**Please return completed forms to the Clerk at the above postal or email address**

**Full Name………………………………………………………………………………………………………………………**

**Home Address……………………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………………………………..**

**Contact Number……………………………………………………………………………………………………………**

**Email Address……………………………………………………………………………………………………………….**

**Please answer ‘yes’ or ‘no’ to the following qualification criteria.**

**QUALIFICATION CRITERIA**

**Are you a British citizen, a Commonwealth citizen, or a citizen of a EU Country? ……………….**

**Are you over 18? *……………*….**

**Are you on the electoral register for the community and intend to remain so? ……………….**

**Have you lived either in the community or within 3 miles of its boundary for at**

**least a year? ……………….**

**Have you been the owner or tenant of land in the community for at least a year? ...............**

**PLEASE CONFIRM THAT NONE OF THE DISQUALIFICATION CRITERIA APPLY TO YOU**

**Are you the subject of a bankruptcy restriction order or interim order? ………………**

**Have you within the last 5 years been convicted of an offence in the UK, the**

**Channel Islands or the Isle of Man which resulted in a sentence of imprisonment**

**(whether suspended or not) for a period of 3 months or more without the**

**option of a fine? ……………….**

**Are you disqualified by order of a court from being a member of a local**

**authority? ……………….**

**Signed……………………………………………………………..**

**Date………………………………………………………………..**

**Please tell us a little about yourself. This can include hobbies, interests, skills, qualifications, as well as any experience of knowledge that may be helpful to the Council.**

**Please tell us your reasons for wishing to become a Town Councillor. This include any local issues that you are particularly interested in.**