

Clerk: Sharon Vale Telephone: 07860 358493

Email: westrowpc@gmail.com Website: https://westrowparish.org.uk

Chair: Cllr Rosalind Hamill

WRPC Co-Option Application Form

Issue 2 : June 2023 Adopted : June 2023 : May 2024 Review

Co-option Application Form			
Name			
Address			
Telephone number			
Email address			
Please detail any experience you may have that is relevant to the Parish Council (continue			
onto a separate sheet if necessary).			
Is there any other information you would like to disclose regarding your application (continue onto a separate sheet if necessary)			

Co-option Ap	oplication Form	Issue 2: June 2023
Declaration a	ind Consent	
	t I am not disqualified from being a councillor and meet th ment Act 1972, as below:	ne criteria under s.79,
✓ Iam o	over 18 yrs age.	
✓ I am a	qualifying commonwealth citizen or an EU citizen.	
✓ I meet	t one or more of the other requirements, as indicated belo	ow.
•	I am registered as a local government elector for the par	rish.
•	I have, during the whole of the twelve months preceding option occupied as owner or tenant, land, or other premise.	•
•	My principal or only place of work during those twelve the parish.	e months has been in
•	I have during the whole of those twelve months residently of the parish.	ed in or within 3miles
Signed		
Name		
Date		

Please return this completed form to:

email: westrowpc@gmail.com or Postal address Parish Clerk Willows End, Weston Ditch, West Row, Suffolk IP28 8RD

Co-option Application Form

Use of Personal Information

The Parish Council will use your information, including that which you provide on this application form, to assess your suitability as a Parish Councillor. For full details of how we manage personal information please use this link to visit our website and our privacy notice.

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