

**SCOTTISH BORDERS COUNCIL
COMMUNITY COUNCIL ELECTIONS – AUGUST/SEPTEMBER 2018**

CHIRNSIDE COMMUNITY COUNCIL

NOMINATION FORM

Please read notes overleaf and then complete Sections 1 and 2 in typescript or BLOCK CAPITALS

SECTION 1 - CANDIDATE

SURNAME (* as in Electoral Register)	OTHER NAMES (* as in Electoral Register)	MR/MRS/ MS/ MISS	ELECTORAL NUMBER (NOTES 1&2) Letter or Electoral Number Number	ADDRESS (* as in Electoral Register)

SECTION 2 - PROPOSER AND SECONDER

	SURNAME (as in Electoral Register)	OTHER NAMES (as in Electoral Register)	MR/MRS/ MS/MISS	ELECTORAL NUMBER (NOTE 1) Letter or Electoral Number Number	ADDRESS (as in Electoral Register)
Proposer					
Secunder					

WE hereby nominate as a candidate for election the person named in Section 1 above, who, to the best of our knowledge and belief is eligible for such election, as a member of Chirnside Community Council.

PLEASE NOTE THAT YOU MAY ONLY PROPOSE OR ACT AS A SECONDER FOR ONE PERSON.

Signature of Proposer

Signature of Secunder

ACCEPTANCE OF NOMINATION

I, the nominee for election, named in Section 1 above, consent to be nominated as a candidate for the abovementioned Community Council and, if elected, will accept office as a member of the said Community Council and agree to comply with the Code of Conduct for Community Councillors.

Signature of Candidate

..... Date.....

NOTES

1. Please insert in the first column the distinctive number and letter if any, from the Register of Electors (e.g.) 21A. The number will be found next to "Polling District"). Please insert in the second column the elector number which can be found next to the elector's name in the Register of Electors. These numbers will be provided by the Returning Officer, on receipt of the nomination form, if left blank.
2. Candidates who are aged 16 or 17 years and whose names do not appear on the Register of Electors should also complete the form at Appendix 1 and submit this with their Nomination Form.

QUALIFICATIONS FOR ELECTION

A person seeking election to a Community Council must be aged 16 years or over and appear on the Electoral Register for that Community Council area at the date of being proposed for membership of the Community Council or be able to provide proof of eligibility as advised by the Returning Officer. 16-17 year olds may not appear on the Electoral Register. If they do not, then they are asked to sign the form contained in Appendix 1 confirming their residency.

Each candidate must be nominated by a Proposer (who may be the candidate) and a Seconder, both being persons whose names appear on the Electoral Register for the respective Community Council's area, or sub-division of that area, where applicable.

A person seeking election to a community council must not have served a prison sentence (including a suspended sentence) of three months or more in the five years before the election.

COMPLETED NOMINATION FORMS SHOULD BE RETURNED TO:

Democratic Services Officer for the Chirnside Community Council Election
FREEPOST RRBU – KBCB – JBJG
Democratic Services
Scottish Borders Council
Council Headquarters
Newtown St Boswells
TD6 0SA

BY NO LATER THAN 5.00pm ON TUESDAY 28 AUGUST 2018.

**SCOTTISH BORDERS COUNCIL
COMMUNITY COUNCIL ELECTIONS 2016**

CHIRNSIDE COMMUNITY COUNCIL

To be completed where the candidate is aged 16 or 17 years and their name does not appear of the Electoral Register for the Community Council area –

I, the nominee for election named in Section 1 of the Nomination Form for the Chirnside Community Council Election, declare that the undernoted information is accurate.

Name:

Address:
.....
.....

Date of Birth:

Signed: