

CO-OPTED MEMBER - PERSON SPECIFICATION



COMPETENCY	ESSENTIAL	DESIRABLE
Personal Attributes	<ul style="list-style-type: none"> • Sound knowledge and understanding of local affairs and the local community. • Forward thinking. 	<ul style="list-style-type: none"> • Can bring a new skill, expertise or key local knowledge to the Council.
Experience, Skills, Knowledge and Ability	<ul style="list-style-type: none"> • Ability to listen constructively. • A good team player. • Ability to undertake a variety of projects. • An interest in local matters. • Ability and willingness to represent the Council and their community. • Good interpersonal skills and able to contribute opinions at meetings whilst willing to see others views and accept majority decisions. • Ability to communicate succinctly and clearly. • Ability and willingness to work closely with other members and to maintain good working relationships with all members and staff. • Ability and willingness to work with the Council's partners (e.g. voluntary groups, other parish Councils, principal authority, charities). • Ability and willingness to undertake induction training and other relevant training. • Ability and willingness to attend meetings of the Council. • Ability and willingness to represent the Council at other meetings, as necessary. 	<ul style="list-style-type: none"> • Experience of working with voluntary and or local community / interest groups. • Basic knowledge of legal issues relating to town and parish Councils or local authorities • Experience of delivering presentations.

COUNCILLOR CO-OPTION ELIGIBILITY FORM



Corfe Mullen Town Council
 Council Office, Towers Way
 Corfe Mullen
 Wimborne
 BH21 3UA
office@corfemullen-tc.gov.uk
 Tel: 01202 698600

Are you a British citizen?	Yes/No
On the 'relevant date' (i.e., the day on which you are nominated or if there is a poll on the day of election) are you 18 years of age or over?	Yes/No
Are you registered as a local government elector for the Town of Corfe Mullen Town Council?	Yes/No
During the whole of the twelve months preceding the date of your co-option, have you occupied as owner or tenant, land or other premises in the Town of Corfe Mullen Town Council	Yes/No
During the whole twelve months preceding your co-option, has your principal or only place of work been in the Town of Corfe Mullen Town Council	Yes/No
During the whole of the twelve months preceding your co-option, have you lived in the Town of Corfe Mullen Town Council or within three miles of Corfe Mullen Town Council	Yes/No
Under the Local Government Act 1972, section 80, a person is disqualified from being elected as a local councillor or being a member of a local council if specific criteria are not met:	
Are you an employee of Corfe Mullen Town Council?	Yes/No
Are you the subject of a bankruptcy restrictions order or interim order?	Yes/No
Within the last five years, have you been convicted of an offence in the UK, Channel Islands or the Isle of Man which resulted in a sentence of imprisonment (whether suspended or not) for a period of three months or more, without the option of a fine?	Yes/No
Are you disqualified by order of a court from being a member of a local authority?	Yes/No

Declaration

I, *please insert full name*, hereby confirm that I am eligible for the vacancy of Corfe Mullen Town Council and the information given on this form is a true and accurate record.



APPLICATION FOR CO-OPTION (CASUAL VACANCY)

First Name:	
Surname:	
Full Address (inc postcode):	
Mobile No:	
Landline No:	
Email Address:	
<p>Please tell us what experience you can bring to Corfe Mullen Town Council – e.g., previous local government experience, work in the voluntary or charitable sector and/or business experience.</p> <p><i>Please continue on an additional page if required.</i></p>	
<p>Please tell us the skills that you can bring to Corfe Mullen Town Council – e.g., professional qualifications, financial or project management expertise.</p> <p><i>Please continue on an additional page if required.</i></p>	

Please explain why you are interested in becoming a Town Councillor.

Please continue on an additional page if required.

Please include any other information you would like to add in support of your application.

Please continue on an additional page if required.

Are there any questions that you would like to ask Corfe Mullen Town Council?

Please continue on an additional page if required.

DECLARATION

I declare that the information I have provided in this application is, to the best of my knowledge, accurate and true.

Signature: **Date:**

Print Full Name:

PRIVACY NOTICE

Corfe Mullen Town Council is committed to protecting and respecting the privacy of everyone and ensuring it is fully compliant under the General Data Protection Regulations and the Data Protection Act 2018. We process your personal data in accordance with the law, please see the privacy notice on our website http://www.corfemullen-tc.gov.uk/Home_4077.aspx which provides more details on the processing of data.

Please send the completed eligibility and application forms to:

Corfe Mullen Town Council
Council Office, Towers Way
Corfe Mullen
Wimborne
BH21 3UA
Tel: 01202 698600

or by email to office@corfemullen-tc.gov.uk

For office use only:

Application checked:	Yes/No	
Application acknowledged:	Yes/No	Date:
Date of Full Council meeting:		Date:
Application decision:	Yes/No	
Applicant notified of decision:	Yes/No	Date