



# Crewkerne Town Council

## Co-option Pack

Completed applications must be submitted to the Town Clerk by 5pm on Friday 15<sup>th</sup> March 2024.

[Townclerk@crewkerne-tc.gov.uk](mailto:Townclerk@crewkerne-tc.gov.uk)

FAO Katharine Sheehan FSLCC

Town Hall,  
Market Square,  
Crewkerne  
TA18 7LN



## CO-OPTION CRITERIA

### CREWKERNE TOWN COUNCILLOR

Competency	Essential	Desirable
Relevant education, knowledge, professional training and qualifications	<ul style="list-style-type: none"> <li>• Good knowledge of the local community and town affairs.</li> </ul>	
Experience, skills, knowledge and ability	<ul style="list-style-type: none"> <li>• Sound interest in local matters.</li> <li>• Ability and willingness to represent the Council and their community.</li> <li>• Good interpersonal skills.</li> <li>• Ability to communicate clearly.</li> <li>• Ability and willingness to work closely with other members and to maintain good working relationships with all members and staff.</li> <li>• Good reading and analytic skills.</li> <li>• Ability and willingness to work with the Council's partners (voluntary groups, other local authorities and public sector bodies).</li> <li>• Ability and willingness to undertake training relevant to the role.</li> <li>• Ability to work under pressure.</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of HR, contract management, public sector procurement, financial control, risk management and compliance, public relations.</li> <li>• Experience of working in another public body or non-profit organisation.</li> <li>• Experience of working with volunteer groups or local community interest groups.</li> <li>• Basic knowledge of issues relating to the town and parish sector and other authorities generally.</li> <li>• Experience of staff management</li> <li>• Financial control and budgeting experience.</li> </ul>
Other requirements	<ul style="list-style-type: none"> <li>• Availability and commitment to attend meetings of the Council, community groups and other outside bodies in the evening and events at weekends and in the evenings. Crewkerne Town Council meetings are typically on Monday evenings but may vary.</li> <li>• Flexibility.</li> <li>• Enthusiastic.</li> </ul>	



### CO-OPTION ELIGIBILITY FORM

	Tick below
I am a British subject, citizen of the Commonwealth or citizen of the European Union.	
I am 18 years of age or over (on the relevant date, i.e. the day on which you are nominated or if there is a poll, on the day of election).	

PLEASE TICK THOSE BELOW WHICH APPLY TO YOU		Tick below
A)	I am registered as a local government elector for the Parish of Crewkerne.	
B)	I have, during the whole of the 12 months preceding the date of my co-option, occupied as owner or tenant, land or other premises in the Parish of Crewkerne.	
C)	My principal or only place of work has, during the whole 12 months preceding my co-option, been in the Parish of Crewkerne.	
D)	I have during the whole of 12 months preceding my co-option lived in the Parish of Crewkerne or within 3 miles of it.	

UNDER SECTION 80 OF THE LOCAL GOVERNMENT ACT 1972 A PERSON IS <u>DISQUALIFIED</u> FROM BEING ELECTED AS A LOCAL COUNCILLOR OR BEING A MEMBER OF A LOCAL COUNCIL IF SPECIFIC CRITERIA ARE NOT MET:			
A)	Are you an employee of Crewkerne Town Council?	YES	NO
B)	Are you the subject of bankruptcy restrictions order or interim order?	YES	NO
C)	Have you within the last 5 years been convicted of an offence in the UK, Channel Islands or 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.	YES	NO
D)	Are you disqualified by order of a court from being a member of local authority?	YES	NO

#### DECLARATION

I ..... hereby confirm that I am eligible for the vacancy of Crewkerne Town Councillor, and the information given on this form is a true and accurate record.

Signed: .....

Print: .....

Date: .....



### APPLICATION FOR CO-OPTION

<b>FULL NAME &amp; TITLE</b>	
<b>HOME ADDRESS</b>	
<b>HOME TELEPHONE</b>	
<b>MOBILE TELEPHONE</b>	
<b>EMAIL ADDRESS</b>	

#### **ABOUT YOU**

Please provide the Council with some background information about yourself. For example; previous local government experience, voluntary or charitable work, business or community ventures. Please use a separate sheet if necessary.

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**REASONS FOR APPLYING**

Please provide the Council with your reasons for wanting to become a member of Crewkerne Town Council.

**SUITABILITY FOR THE ROLE OF COUNCILLOR**

Please summarise what experience and skills you can bring to Crewkerne Town Council. For example; professional qualifications, financial or project management experience. Please use a separate sheet if needed.

**ANY OTHER INFORMATION**

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

Signed: .....

Print: .....

Date: .....

Completed application forms must be marked for the attention of Katharine Sheehan FSLCC, Town Clerk, and returned either by email: [townclerk@crewkerne-tc.gov.uk](mailto:townclerk@crewkerne-tc.gov.uk) or post: Crewkerne Town Council, Market Square, Crewkerne TA18 7LN by 5pm on Friday 15<sup>th</sup> March 2024.