

**SCOTTISH BORDERS COUNCIL
COMMUNITY COUNCIL ELECTION 2025**

CLOVENFORDS AND DISTRICT 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 (NOTE 1)		ADDRESS (AS IN ELECTORAL REGISTER)
			Letter or Number	Electoral Number	

SECTION 2 - PROPOSER AND SECONDER

	SURNAME (AS IN ELECTORAL REGISTER)	OTHER NAMES	MR/MRS/ MS/MISS	ELECTORAL NUMBER (NOTE 1)		ADDRESS (AS IN ELECTORAL REGISTER)
				Letter or Number	Electoral Number	
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

CLOVENFORDS AND DISTRICT Community Council

PLEASE NOTE THAT YOU MAY ONLY PROPOSE OR SECOND 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.

I confirm that I have not served a prison sentence (including suspended sentence) of three months or more in the five years before the election.

Signature of Candidate

.....Date.....

Email:.....Tel:.....

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. Where, in terms of the new Scheme for the Establishment of Community Councils, a Community Council area consists of a number of sub-divisions the name of the sub-division should be given.

QUALIFICATIONS FOR ELECTION

A person seeking election to a Community Council must be aged 16 or over and appear on the Electoral Register for the Community Council area at the date of being proposed for membership of the Community Council, or provide proof of eligibility as advised by the Returning Officer and must not have served a prison sentence (including a suspended sentence) of three months or more in the five years before the election. Each Candidate shall be nominated by a Proposer (who may be the candidate) and a Seconder, both being persons whose names appear in the said Electoral Register for the respective Community Council area, or sub-division of that area, where applicable.

COMPLETED NOMINATION FORMS SHOULD BE RETURNED TO:

Lynne Cuerden
Clovenfords Community Council
Democratic Services
Scottish Borders Council
Newtown St Boswells
Melrose
TD6 0SA

Via email: lynne.cuerden@scotborders.gov.uk

By no later than 12 noon on Sunday, 25 May 2025