

**SCOTTISH BORDERS COUNCIL**

**EARLSTON COMMUNITY COUNCIL ELECTION 2025**

**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 <b>(NOTE 2)</b>		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 <b>(NOTE 2)</b>		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 Earlston 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.....

E-Mail .....

## NOTE

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.**

## 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 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 (ORIGINAL) SHOULD BE RETURNED IN A SEALED ENVELOPE TO:**

Eilidh Page  
Democratic Services Officer  
Corporate Governance  
Council Headquarters  
Newtown St Boswells  
MELROSE  
TD6 0SA  
[Eilidh.Page@scotborders.gov.uk](mailto:Eilidh.Page@scotborders.gov.uk)

**By no later than 4 p.m. Monday, 2 June 2025**

SCOTTISH BORDERS COUNCIL  
COMMUNITY COUNCIL ELECTION 2025

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

Name: .....

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

Date of Birth: .....

Signed: .....