

**SCOTTISH BORDERS COUNCIL  
COMMUNITY COUNCIL ELECTION 2025**

**INNERLEITHEN 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 ( <b>NOTE 1</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 1</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

INNERLEITHEN 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:**

**Democratic Services  
Innerleithen Community Council  
Scottish Borders Council  
Newtown St Boswells  
Melrose  
TD6 0SA**

Via email: [communitycouncils@scotborders.gov.uk](mailto:communitycouncils@scotborders.gov.uk)

**By no later than 4pm on Monday 23 June 2025**