

APPENDIX 8



FORM FOR CO-OPTION OF COMMUNITY COUNCILLORS

.....COMMUNITY COUNCIL
..... SUB-WARD (if applicable)

Co-opted Member's Details and Declaration

I, the below named, consent to my Co-option as a Member of the named Community Council and I declare that:

- I am aged 16 or over;
- I live within the Community Council area;
- I am named on the Electoral Register for that area.

First Name:-
Any Middle Names:-
Surname:-
Address:-
.....
Postcode:-
Telephone:- Mobile:-.....
Email address:-

I understand that, if successful, my name and address will be included on the register of Community Council Members, and that my details will be retained by South Ayrshire Council and used to contact me on Community Council business .

Co-Opted Member's Signature:-..... Date:-.....

This form should now be sent to communitycouncils@south-ayrshire.gov.uk for the appropriate checks to be carried out. Thereafter the form will be returned to the Secretary for the Community Council to consider at their next meeting.

Community Council's Declaration

..... **Community Council**

- I, as Secretary of and on behalf of the named Community Council, declare that:
- a motion to co-opt the named Co-opted Member to the Community Council was passed at the meeting of the Community Council detailed below;
 - the motion was proposed and seconded by the Community Councillors detailed below;
 - the co-option was carried out in accordance with the terms of the South Ayrshire Council Scheme for Establishment of Community Councils, including the Constitution and Standing Orders;
 - therefore, the named Co-opted Member is now a Community Councillor on the named Community Council.

Name of Co-Opted Member:-

Full Name	Signature
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Community Councillor Proposing:-
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Community Councillor Seconding:-
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Date of Meeting:-

Name of Secretary:-

Secretary's Signature:-.....	Date:-.....
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