**Neighbourhood Plan Steering Group**

**APPLICATION FORM**

**Full Name:**

**Address**

**Post code:**

**Email:**

**Telephone no (s):**

**Why would you like to become a member of the Neighbourhood Plan Steering Group?**

**What skills and experience could you bring to this role?**

**By submitting this form, you agree to be bound by the Council’s Code of Conduct, Standing Orders and Financial Regulations.**

**To qualify you must be able to answer yes to both questions.**

|  |  |
| --- | --- |
| Are you a British citizen or a Commonwealth citizen? |  |
| Are you 18 or over? |  |

**You must be able to answer No to all the questions below to be eligible to serve as a full member of the Neighbourhood Plan Steering Group**

|  |  |
| --- | --- |
| Are you the subject of a bankruptcy restrictions order or interim order? |  |
| Have you within the last five years been convicted of an offence in the UK, the Channel Islands or the Isle of Man which resulted in a sentence of imprisonment (whether suspended or not) for a period of three months or more without the option of a fine? |  |
| Are you disqualified by order of a court from being a member of a local authority? |  |
| You have been convicted for the failure to register or declare disclosable interest under the Localism Act 2011 (England) |  |

|  |  |
| --- | --- |
| Signature  | Date |

When completed please return to:

Parish Clerk, 6, Vicarage Road, Pilning, Bristol BS35 4LN

clerk@pilningsevernbeach-pc.gov.uk