

**SCOTTISH BORDERS COUNCIL  
COMMUNITY COUNCIL ELECTIONS 2025  
CHIRNSIDE 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)	TITLE (e.g. MR, MRS, MS, DR etc.)	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	TITLE (e.g. MR, MRS, MS, DR etc.)	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 **Chirnside Community Council**.

**PLEASE NOTE THAT YOU MAY ONLY PROPOSE OR ACT AS A SECONDER FOR 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 Chirnside 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

Signature:		Date:	
Email:		Tel/ Mob:	

**Please include an email address and phone number so we can contact the candidate with information on their nomination.**

### 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. These numbers can be provided by Democratic Services, Scottish Borders Council, Newtown St Boswells, Melrose TD6 0SA e-mail: [communitycouncils@scotborders.gov.uk](mailto:communitycouncils@scotborders.gov.uk)
2. Candidates who are aged 16 or 17 years and whose names do not appear on the Register of Electors should also complete the form at Appendix 1 and submit this with their Nomination Form.

### 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 Officers. Each Candidate shall be nominated by a Proposer (who may be the candidate) and a Secunder, both being persons whose names appear in the said Electoral Register for the respective Community Council area.

### COMPLETED NOMINATION FORMS SHOULD BE SUBMITTED TO:

William Mohieddeen  
Chirnside Community Council Election  
FREEPOST RRBU – KBCB – JBJG  
Scottish Borders Council  
Newtown St. Boswells  
Melrose, TD6 0SA

**Or by email to:** [communitycouncils@scotborders.gov.uk](mailto:communitycouncils@scotborders.gov.uk).  
**By no later than WEDNESDAY 5 MARCH, 4.00pm.**

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**CHIRNSIDE COMMUNITY COUNCIL**

To be completed where the candidate is aged 16 or 17 years and their name does not appear on the Electoral Register for the Community Council area.

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

Name:	
Address:	
Date of birth:	
Signature:	