



**COMMUNITY COUNCIL ELECTIONS  
NOMINATION FORM**

1 Community Council Area: \_\_\_\_\_

2 \*Name of Candidate: \_\_\_\_\_

Title	Forename	Surname
_____	_____	_____

Address of Candidate: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_

E:mail address: \_\_\_\_\_

Electoral Roll No (if known): \_\_\_\_\_

3 I, the above named candidate, hereby declare that:

(a) I consent to nomination as a Community Council member.

(b) I am 16 years of age or over.

(c) I am included on the current electoral register for the Community Council area.

(d) I am not subject to any legal incapacity.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4 We, the under noted electors, hereby nominate the above named candidate for election to the above Community Council. **I have not subscribed to any other candidate's Nomination Form.**

4.1 **Signature of 1st Subscriber:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Full Name of 1st Subscriber: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_

Electoral Roll No (if known): \_\_\_\_\_

4.2 **Signature of 2nd Subscriber:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Full Name of 2nd Subscriber: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_

Electoral Roll No (if known): \_\_\_\_\_

- <sup>5</sup> Nomination Forms must be received **NO LATER THAN 4PM THURSDAY 21 AUGUST 2025** (electronic transmission will not be accepted) by the Returning Officer to the address below:

The Returning Officer  
Clackmannanshire Council  
Election Office  
Kilncraigs  
Greenside Street  
Alloa FK10 1EB

Nomination forms can be posted or handed in to the above address.

If you wish for your form to be checked please phone Election office on **01259 452266** to arrange an appointment.

**Please note forms will be accepted between 10am and 4pm each working day.**

- <sup>6</sup> If you have any queries regarding completion of this form, please contact the Election Office on **01259 452266** or email: [elections@clacks.gov.uk](mailto:elections@clacks.gov.uk)

**\*Your name will be published by Clackmannanshire Council when declaring the results of the election and, if a ballot is required, on the ballot paper. The information which you provide on this form will be processed by the Returning Officer who is the 'data controller' for the purposes of Data Protection legislation and will only be used in relation to the proper management of the election process. Information will be shared with Community Council Liaison Officer for the administration and membership purposes of the Community Council and with the office bearers of the Community Council, you are a member of, for the administration and membership purposes of the Community council.**



**COMMUNITY COUNCIL ELECTIONS**

**PERSONAL STATEMENT BY CANDIDATE**

Completion of this form is optional

Candidates wishing to make a Personal Statement should use this form. This statement should tell voters why you want to be elected. This can include your interests, skills and reasons why you think you would be a good Community Councillor. Please note that statements must not exceed 250 words. This statement will be sent with Ballot Papers to voters if the election is contested. The completed form should accompany the Nomination Form and must be received by the Returning Officer by **4 pm THURSDAY 21 AUGUST 2025**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Community Council Area: \_\_\_\_\_

**Personal Statement:**

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