

**Name of Community Council they wish to Join COMMUNITY  
COUNCIL  
Local Interest Group  
Registration and Nomination Form**

Name of Group	Local Interest Group's Name
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**Nomination**

We hereby nominate;

Name	Individual A
Address	Individual A's Address
Contact Tel. No. (Home) (Work)	Individual A's phone number
E Mail Address	Individual A's email address

The decision to make this nomination was made at a meeting held on **Date of Meeting**

The above nominee is a voluntary member of the organization above.

Signature of President / Chairperson	Signature of President / Chairperson in ink
Date	Date President / Chairperson Signed the Form
Signature of Secretary / Treasurer	Signature of Secretary / Treasurer in ink
Date	Date President / Chairperson Signed the Form

Please complete the details about your group overleaf and email the form to [governance@edinburgh.gov.uk](mailto:governance@edinburgh.gov.uk) alternatively the form can be returned by post to the Governance Officer, City of Edinburgh Council, Governance and Democratic Services, 2.1, Waverley Court, EH8 8BG Tel. 529 4494.

## GROUP DETAILS

**Purpose of group** (e.g. social, leisure, recreational, caring, education / learning etc.)

Provide a brief summary of the purpose of the Local Interest Group

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**Meeting place of group**

State the address where the Local Interest Group meets

**Geographical area covered by your group**

State the Geographical area covered by your group Local Interest Group

**Number of paid or recorded members**

State the number of individuals who are members of the Local Interest Group

**Number of members in CC area**

State the number of individuals who are members of the Local Interest Group and resident in the CC

**How often does your group meet?**

State how often you meet

Weekly

Monthly

Quarterly

Other (please give details) ...if needed

(delete those that don't apply)

**When was your group established?**

State the month and year here as close as possible

Month ..... Year .....

**Committee**

Does your organisation have a committee of at least 3 members who have been elected at your Annual General Meeting? (Please tick where applicable)

Yes  No

Please list the names and addresses of your office bearers Examples below.

Name	Address	Position held
Office Bearer A	Address A	Chairperson
Office Bearer B	Address B	Secretary
Office Bearer C	Address C	Treasurer

**Representation**

Please indicate how your organisation gathers and represents the views of members and/or the community. For example the number of public meetings you hold, whether you have a website, produce a newsletter and how you publicise your meetings.

Provide a brief summary of how your organisation gathers and represents the views of members and/or the community

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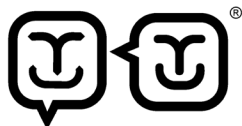
**Constitution**

Please send a copy of your constitution with your application.

The City of Edinburgh Council will determine the eligibility of a group to become a Local Interest Group representative. The following criteria will be used to assess eligibility.

1. The organisation must be a voluntary group which has been in operation for at least 12 months prior to the notice of election.
2. The organisation must be a properly constituted group with a publicly available constitution.
3. The organisation must have a governing body with a majority of unpaid (volunteer) members, which does not distribute profit among its members, and which provides services for public benefit not restricted to its members.
4. The organisation must have a committee that (after the first year) is elected at an AGM and has a minimum of 3 members
5. The organisation will be asked to submit a registration form demonstrating the following:
  - confirming the date the decision was reached to appoint a candidate for election as a nominated representative on the community council
  - that the organisation meets on a regular basis
  - that the organisation operates within the community council area
  - that the nominee is a voluntary, active member of the nominating group
  - that the organisation is committed to gathering the views and representing the interests of its members.

The Council will retain the name and address of the nominated representative for the purpose of contacting them on matters related to community councils.



HAPPY TO **TRANSLATE**

You can get this document on audio CD, in Braille, and **Large Print** if you ask us. Please contact Interpretation and Translation Service (ITS) on [its@edinburgh.gov.uk](mailto:its@edinburgh.gov.uk) and quote reference number **25-0206 – Local Interest Group Nomination Form 2025**. ITS can also give information on community language translations. You can also get more copies of this document by contacting [governance@edinburgh.gov.uk](mailto:governance@edinburgh.gov.uk)