



# UNITED DEMOCRATIC PARTY

## CANDIDATE INFORMATION FORM

This form must be filled in and submitted to the Secretary General before your application to be a candidate of the UDP for any election (whether for a post within the Party or for public office) can be considered.

### PERSONAL INFORMATION:

POSITION APPLYING FOR: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother's Name and Place of Birth: \_\_\_\_\_

Father's Name and Place of Birth: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Your email address: \_\_\_\_\_

(List)	Name:	Age:	Place of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the highest level of education you have completed (Check as appropriate)?

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Tertiary: \_\_\_\_\_ First Degree: \_\_\_\_\_ Other \_\_\_\_\_

What languages do you: Speak: \_\_\_\_\_

Write: \_\_\_\_\_

Understand: \_\_\_\_\_

Do you have any current health problems that might affect your candidature? (Circle your response): Yes - No

If yes, Please explain \_\_\_\_\_

Do you (or had you in the past) any problems with alcohol or illegal drugs? (Circle your response): Yes - No

If yes, Please explain \_\_\_\_\_

When was the last time you had a medical check-up? \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Have you lived abroad for any period more than six months? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How long have you been a resident in Belize? \_\_\_\_\_

Are you a citizen of any other country? \_\_\_\_\_ If yes, name of country \_\_\_\_\_

Are you a Permanent Resident in any other country? \_\_\_\_\_ If yes, name of country \_\_\_\_\_

### FINANCIAL INFORMATION:

Current Employer \_\_\_\_\_ Length of Service \_\_\_\_\_

Self Employed \_\_\_\_\_ Type of Business \_\_\_\_\_ # of years \_\_\_\_\_

Other previous employment? \_\_\_\_\_

Do you own or rent where you live? Own \_\_\_\_\_ Rent \_\_\_\_\_

Do you have any economic problems (such as debts, unemployment, pending legal action) that could affect your candidature or cause potential embarrassment to the UDP or yourself? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Which financial/credit institutions do you do/did business with? \_\_\_\_\_

### POLITICAL INFORMATION:

Do you have family and/or work related problems that might affect your candidature? \_\_\_\_\_

If yes, explain briefly \_\_\_\_\_

Have you ever been detained or arrested? \_\_\_\_\_ If yes, what for? \_\_\_\_\_

Have you ever been convicted by a court? \_\_\_\_\_ If yes, what for? \_\_\_\_\_

What was the penalty? \_\_\_\_\_  
(Please attach a recent Belize Police Record)

Are you a registered voter? \_\_\_\_\_ Which constituency? \_\_\_\_\_

Are you a member of the UDP? (Circle) Yes - No If Yes for what period? \_\_\_\_\_  
Have you ever been active with the UDP or with a UDP constituency? Explain \_\_\_\_\_

Were you ever a member of another political party? (Circle) Yes - No If yes, which Party? \_\_\_\_\_  
Have you ever appeared in public support of another political party? (Circle) Yes - No  
If yes, Please explain \_\_\_\_\_

Have you ever been a candidate for another political party? (Circle) Yes - No  
If yes, which Party? \_\_\_\_\_  
For what office? \_\_\_\_\_

Have you ever held an elected office, whether for UDP or otherwise? (Circle) Yes - No  
If yes, which Office? (Circle) Village Council - City Council - Town Council - House of Representatives)

Dates: \_\_\_\_\_

## GENERAL

List any achievement or experience that could be helpful in your political campaign:

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List any information that could be used against you in a political campaign:

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## REFERENCES

List names and contact information of three reference persons:

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

Email address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Please attach any additional Biographical Information along with the application.

I, \_\_\_\_\_, hereby certify that the information provided herein is true and correct to the best of my knowledge and ability. If accepted to contest any election under the banner of the United Democratic Party, I pledge to, at ALL times, abide by the Principles, Policies, Ideals, and Programs of the United Democratic Party as contained in the Party's Constitution and issued from time to time by the Party.

I fully understand that the United Democratic Party reserves the right to check into any or all my statements made herein and that any untruth may result in the immediate rejection of my application.

\_\_\_\_\_  
Signature of Applicant

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FOR OFFICIAL USE ONLY

This application was received on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
It is submitted to the Nominations Committee for consideration and at its meeting on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Secretary General

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The Nominations Committee hereby informs that this application was thoroughly reviewed at its meeting held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, and on the basis thereof the Committee makes the following recommendation:

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

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Committee Members:

\_\_\_\_\_  
Signature  
Chair, Nominations Committee