

NOMINATION FORM AND RECEIPT

Legislative Council **RO19**

To the Returning Officer for the Region of

Election Date:

Candidate details (Please print clearly)

At the close of nominations a candidate's name, occupation and residential address will be released publicly and advertised (Note: address may be suppressed under S.51B).

Title <input type="text"/>	Surname <input type="text"/>
Given Names <input type="text"/>	
Date of Birth	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
Gender (M/F/I)	<input type="text"/>

I have silent enrolment on the State electoral roll Yes No

Residential address
(DO NOT complete if you have silent enrolment)

Postcode

Postal address
(leave this blank if it is the same as your residential address)

Postcode

Please tick the relevant box relating to the public release of your contact details.

Phone (Home) <input type="text"/>	Release publicly? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fax (Home) <input type="text"/>	Release publicly? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone (Mobile) <input type="text"/>	Release publicly? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address <input type="text"/>	Release publicly? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone (Work) <input type="text"/>	Release publicly? Yes <input type="checkbox"/> No <input type="checkbox"/>

Form in which name is to appear on ballot paper²

Occupation

Candidate statement and declaration

I, the candidate named opposite, declare that:

- I nominate myself to serve as a candidate for the district and election for which this nomination relates
- I have resided in Western Australia for one year.
- I am not subject to any legal incapacity.
- I am qualified¹ under the laws of the State to be elected as a Member of the Legislative Council.
- I am not, and do not intend to be, a candidate in any other election to be held on the same day as the election to which this nomination relates.
- I consent to act as a member of the Legislative Council for the above region if elected.
- I wish my name to appear on the ballot paper in the form shown opposite.

Signature of candidate

Date DD MM YYYY

Notes:

- For qualifications of candidates, refer to *Eligibility for Membership of State Parliament* brochure or *Candidates Guide – Legislative Council*, published by the Western Australian Electoral Commission or the *Electoral Act 1907*, the *Constitutions Act Amendment Act 1899* and other relevant legislation.
- The candidate's name to be printed on the ballot papers shall include the candidate's surname and may include each, or one or more of the candidate's given names.
For this purpose, a given name may be:
 - the name
 - an initial standing for the name, or
 - a commonly accepted variation of the name (including an abbreviation or truncation of the name or an alternative form of the name).
- Additional forms which may require completion are:
 - Form RO 20 *Supplementary Nomination Details for Candidates and Groups – Legislative Council* which contains the following and must be lodged before the hour of nomination:
 - application and authorisation for printing of the word **Independent** or a **registered political party name** on ballot papers for a group or candidate
 - claim for grouping of candidates
 - authorisation for submission of a voting ticket claim on behalf of a group/candidate
 - Form RO21 *Withdrawal of claim for grouping of candidates*
 - Form RO22 *Voting ticket preferences*. **Must be lodged before the expiration of 24 hours after the hour of nomination.**

Remember that you, and members of your group if applicable, may need to complete RO20 if you wish to be grouped together and lodge a voting ticket.

Receipt for nomination and deposit

I acknowledge receipt of a deposit of \$250 in money or cheque drawn by a financial institution on itself and payable to the Electoral Commissioner and a nomination paper in respect of:

Name of candidate <input type="text"/>
Signature of Returning Officer <input type="text"/>
DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>