



**Note: This form is only for the use of candidates endorsed by registered political parties whose nomination forms will be lodged with the Electoral Commissioner.**

To the Returning Officer for the whole of State electorate

Election Date:

### Candidate details (Please print clearly)

As soon as practicable after the close of nominations a candidate's name and details by which the candidate can be contacted will be released publicly and advertised (note: address will be suppressed if the candidate is a silent elector).

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

I am a silent elector **Yes**  **No**

#### Primary residential address

(Do not complete if you are a silent elector)

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

#### Postal Address

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

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

You **must provide at least one** contact detail to be released publicly on the Commission's website. Please indicate by ticking the relevant box, which of your contact details are to be made public.

Mobile	<input type="text"/>	Publish <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Phone (Home)	<input type="text"/>	Publish <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Phone (Work)	<input type="text"/>	Publish <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Email Address	<input type="text"/>	Publish <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

Form in which the candidate's name is to appear on the ballot paper<sup>1</sup>

Occupation

### Candidate statement and declaration

I, the candidate named opposite, declare that:

- I nominate to serve as a candidate for the 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 an Australian citizen.
- I am an elector entitled to vote at an election in a Western Australian State district.
- I am qualified<sup>2</sup> 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 if elected.
- If successful, I consent to my details being provided to Parliament for contact purposes.
- I wish my name to appear on the ballot paper in the form shown opposite.
- I apply to have the following registered political party name printed adjacent to my name on the ballot paper.

Name of Political Party

Signature of Candidate

Date

<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
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#### Notes:

1. 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:
  - (a) the name
  - (b) an initial standing for the name, or
  - (c) a commonly accepted variation of the name (including an abbreviation or truncation of the name or an alternative form of the name).
2. For qualifications of candidates, refer to *Eligibility for Membership of State Parliament* brochure and *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.

An additional form which may require completion is Form RO21 *Withdrawal of claim for grouping of candidates*.