WESTERN AUSTRALIAN Electoral Commission	**CENTRALISED NOMINATION FORM**	**Legislative Assembly**	**RO30**

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 District 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 supressed under S.51B).

Title _____ Surname _____

Given Names _____

Date of Birth DD MM YYYY   Gender (M/F/I) _____

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.

		Release publicly?
Phone (Home)		**Yes** ☐ **No** ☐
Fax (Home)		**Yes** ☐ **No** ☐
Phone (Mobile)		**Yes** ☐ **No** ☐
Email address		**Yes** ☐ **No** ☐
Phone (Work)		**Yes** ☐ **No** ☐

Form in which name is to appear on ballot paper[2]   Surname, Given Name(s)

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 qualified[1] under the laws of the State to be elected as a Member of the Legislative Assembly.
- 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 Assembly for the above district if elected.
- I wish my name to appear on the ballot paper in the form shown opposite.
- If successful, I consent to my details being provided to Parliament for contact purposes.

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 DD MM YYYY

Notes:

1. For qualifications of candidates, refer to *Eligibility for Membership of State Parliament* brochure or *Candidates Guide – Legislative Assembly*, published by the Western Australian Electoral Commission or the *Electoral Act 1907*, the *Constitutions Act Amendment Act 1899* and other relevant legislation.

2. 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).

This completed form must be returned to your party secretary as soon as possible to allow time for lodgement of the application and the $250 deposit with the Electoral Commissioner for Western Australia.

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Approved as of 24/6/2020