



To the Returning Officer for the District of:

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

Form in which the candidate's name is to appear on the ballot paper<sup>2</sup>

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<sup>1</sup> 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 word **Independent** printed against my name on ballot papers Yes  No

Yes  No

OR

I apply to have the name of the following registered political party printed adjacent to my name<sup>3</sup>

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:

- 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.
- The candidate's name to be printed on the ballot papers shall include the candidate's surname and must 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).
- Candidates who apply to have the name of a registered political party printed adjacent to their name are required to lodge a declaration of support from the party secretary with this form. Form RO18 is available for this purpose.

### 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 or receipt by EFT confirmed by the WAEC and a nomination paper in respect of:

**BSB: 066 040**

**Account: 17800095**

Name of candidate

Signature of Returning Officer

<input type="text"/>	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
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