



**Electoral  
Commission**  
QUEENSLAND

## NOMINATION FOR

# THE LEGISLATIVE ASSEMBLY

## For Candidates Endorsed by a Registered Political Party

### OFFICE USE ONLY



I, \_\_\_\_\_  
(state name in full)

for and on behalf of the Electoral Commission of Queensland, certify that I have received the nomination of:

\_\_\_\_\_ persons endorsed by \_\_\_\_\_  
(state number) (name of Registered Political Party)

together with deposits totalling \$\_\_\_\_\_, at \_\_\_\_\_ \*am/pm

on \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* *Strike out whichever is inapplicable*



## NOMINATION FOR THE LEGISLATIVE ASSEMBLY

To the Electoral Commission of Queensland,

I, \_\_\_\_\_, the \*Registered Officer / \*Deputy Registered Officer of  
(state name in full) (\* strike out whichever is inapplicable)

\_\_\_\_\_, hereby nominate the person(s) named below as a  
(name of Registered Party)

candidate(s) for election as a Member of the Legislative Assembly for the Electoral District shown.

The persons listed below are endorsed as candidates by this Party.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Nomination(s) for the Legislative Assembly

	Surname (as enrolled)	Given Names (as enrolled)	Enrolled Address	Office Use





ELECTORAL ACT 1992

## ENDORSED CANDIDATE'S CONSENT AND DECLARATION

CANDIDATE DETAILS (as enrolled)			
Title	Family Name	Given Name	Other Names
Date of Birth		Gender	Occupation
<b>NOTE:</b> If you are enrolled on the Electoral Roll as a Silent Elector, do not insert your address details here but please separately supply ECQ or the Returning Officer with an address for contact purposes.			
Enrolled Address			
Postal Address (if different)			

NAME TO APPEAR ON BALLOT PAPER

CONTACT DETAILS		
Contact information will be published on the Commission's Website. If you do not wish some or all of the "Contact Details" to appear on the Web, please indicate by ticking the "NO" boxes		<b>Release Publicly?</b> ( Tick <input checked="" type="checkbox"/> if No )
Family Name	Given Name(s)	No <input type="checkbox"/>
Postal Address		
Telephone Details	Business Hours	No <input type="checkbox"/>
	After Hours	No <input type="checkbox"/>
	Mobile	No <input type="checkbox"/>
Facsimile		No <input type="checkbox"/>
Email Address		No <input type="checkbox"/>

PARTY ENDORSEMENT AND CANDIDATE DECLARATION
I, _____, the candidate in the nomination, hereby state that I: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Am the candidate endorsed by the _____ and nominated by the *Registered Officer / *Deputy Registered Officer of that Party for _____</li> </ul>

CONDITIONS	
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> I am enrolled on the electoral roll for the State of Queensland;</li> <li><input checked="" type="radio"/> Am an adult living in Queensland</li> <li><input checked="" type="radio"/> Am an Australian Citizen:               <div style="margin-left: 20px;">                 Tick one box and complete appropriate details.                 <input type="checkbox"/> by birth (place of birth _____)                 <input type="checkbox"/> by Grant of Australian Citizenship (date _____)                 <input type="checkbox"/> by other means (give full details _____)               </div> </li> <li><input checked="" type="radio"/> Am not a disqualified person under Subsection (2) or (3) of Section 64 of the Parliament of Queensland Act 2001.</li> </ul>	Note: It is the responsibility of the candidate to ensure that he/she is eligible for nomination.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_