



**Electoral
Commission**
QUEENSLAND

NOMINATION FOR

THE LEGISLATIVE ASSEMBLY

For Candidates NOT 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:

(state name in full)

together with a deposit of \$250.00, at _____ *am/pm

on _____

Signature

Date

* Strike out whichever is inapplicable



CANDIDATE'S CONSENT AND DECLARATION

CANDIDATE DETAILS (as enrolled)			
Title	Family Name	Given Name	Other Names
Date of Birth	Gender	Occupation	
NOTE: 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		Release Publicly? (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"/>

CANDIDATE DECLARATION
<p>I, _____, the candidate in the nomination, hereby state that I:</p> <ul style="list-style-type: none"> ● Consent to being nominated for election as a Member of the Legislative Assembly for the Electoral District of _____

CONDITIONS							
<ul style="list-style-type: none"> ● I am enrolled on the electoral roll for the State of Queensland; ● Am an adult living in Queensland ● Am an Australian Citizen: <table style="width: 100%; border: none;"> <tr> <td style="width: 10%; padding: 2px;">Tick one box and complete appropriate details.</td> <td style="padding: 2px;"><input type="checkbox"/> by birth (place of birth _____)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> by Grant of Australian Citizenship (date _____)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> by other means (give full details _____)</td> </tr> </table> ● Am not a disqualified person under Subsection (2) or (3) of Section 64 of the Parliament of Queensland Act 2001. 	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 _____)	<p>Note: It is the responsibility of the candidate to ensure that he/she is eligible for nomination; and that at least six (6) of the persons listed on Page 2 are enrolled on the electoral roll for the electoral district concerned.</p>
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 _____)						

Signature of Candidate _____ Date _____

