



Supplementary Nomination Details for Candidates and Groups

Legislative Council

Electoral Act 1907, s.80, 80A, 94B and 94C

Note: For ease of administration, this form may be completed prior to the issue of the writ.

Section 1: Identify which type of Candidate you are

Please tick the box (one only) that applies to you:

- ☐ I am a **candidate** for the **Legislative Council** applying to have the word **“Independent”** printed against my name on the Ballot Paper — Please only complete **sections 2 and 3** of this form.
- ☐ We are a **number of candidates** submitting a claim to be a **group**, and are applying to have the word **“Independent”** against our name on the Ballot Paper — Please only complete **sections 2 and 4** of this form.
- ☐ We are a **number of candidates** submitting a claim to be a **group**, and are applying to have a **composite name of two registered political parties** against our name on the Ballot Paper — Please complete **sections 2 and 6** of this form. *Please ensure that **section 5** has been completed by the registered officer of each of the registered political parties endorsing Candidates in this group*

Section 2: Display of names on the Ballot Paper

Please complete this table to indicate how you would like your name to appear on the Legislative Council Ballot Paper.

- Ensure the spelling of each Candidate’s name is correct and matches the nomination form.
- Where there is more than one Candidate, please list the Candidate names in the order they are to appear on the Ballot Paper.
- In the column headed “Independent or Composite Party Name” please write either the word “Independent” or name of the Composite Party.



Candidate	Independent or Composite Party Name

Section 3: Endorsement (Individual Independent Candidate only)

I am the Candidate listed in Section 2, and I am applying to have the word *Independent* printed against my name on the Ballot Paper.

Candidate Name

Candidate Signature

Date

Section 4: Endorsement (Independent Group Candidates)

I am one of the Candidates listed in Section 2, and I am submitting a group claim on behalf of the other candidates listed in Section 2. We are applying to have the word *Independent* printed against our names on the Ballot Paper. I acknowledge that no square will be printed above the line unless there are at least five Candidates in our group.

Candidate Name

Candidate Signature

Date



Section 5: Declaration of Support by Registered Party

I am a registered officer of a Registered Political Party which endorses at least one of the Candidates listed in section 2, and I declare that I support the application for a composite name.

Please complete:

Name of Registered officer:

Name of Registered Political Party:

Composite Name to be displayed after Candidate's name:

Signature:

Date:

I am a registered officer of a Registered Political Party which endorses at least one of the Candidates listed in section 2, and I declare that I support the application for a composite name.

Name of Registered officer:

Name of Registered Political Party:

Composite Name to be displayed after Candidate's name:

Signature:

Date:



Section 6: Endorsement (Registered Party Group)

I am one of the Candidates listed in Section 2, and I am submitting a group claim on behalf of the other candidates listed in Section 2. We are applying to have a composite name of our Registered Political Parties printed against our names on the Ballot Paper, as listed in Section 2. I acknowledge that no square will be printed above the line unless there are at least five Candidates in our group.

Candidate Name

Candidate Signature

Date