



## AUSTRALIAN ELECTORAL COMMISSION

*Aboriginal and Torres Strait Islander Act 2005*

Section 143G

*Torres Strait Regional Authority Election Rules 1996*

Rule 134A

### APPROVED FORMS FOR THE PURPOSES OF THE TORRES STRAIT REGIONAL AUTHORITY ELECTIONS

I, TOM ROGERS, Australian Electoral Commissioner, referred to in section 18 of the *Commonwealth Electoral Act 1918* exercising of the power under Rule 134A of the *Torres Strait Regional Authority Election Rules 1996* (TSRA Election Rules), do hereby:

- (a) **APPROVE** the forms that appear in the Schedule to this instrument to be approved forms for the purposes of:
- I. Rule 7(1)(a) Nomination form;
  - II. Rule 26(1)(a) Application for postal vote;
  - III. Rule 30 Postal Voter Card;
  - IV. Rule 45 Pre-poll Voter Card; and
  - V. Rule 64(1) Voter Card

of the TSRA Election Rules for the 2016 Torres Strait Regional Authority election.

- (b) **DECLARE** that this instrument takes effect upon execution.



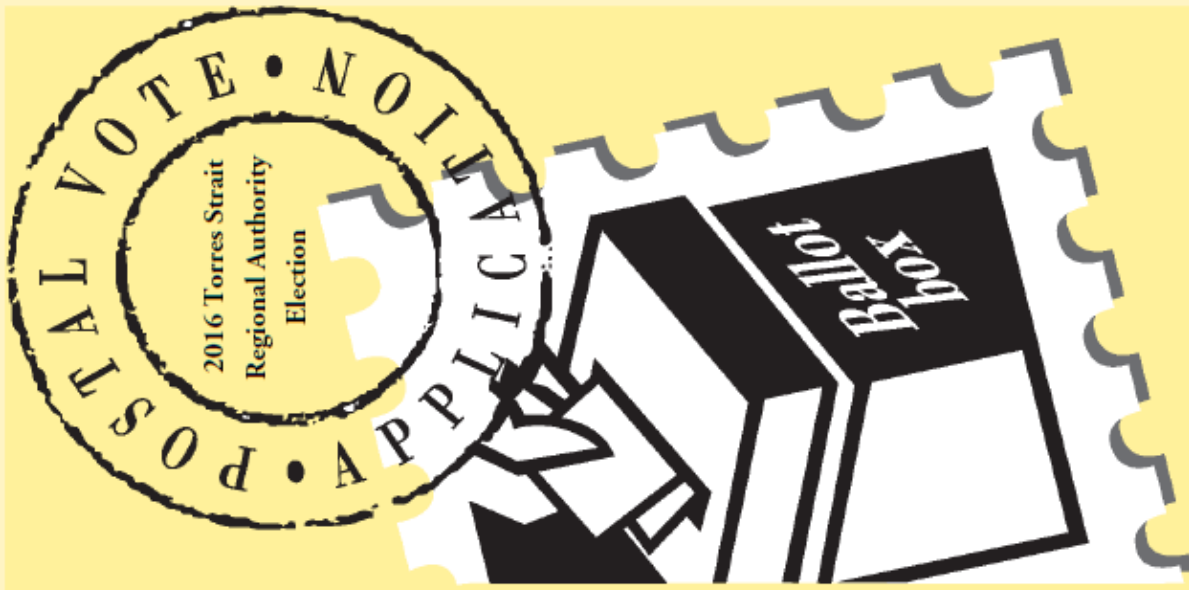
Tom Rogers  
Australian Electoral Commissioner

*28* May 2016

Tom Rogers

Australian Electoral Commissioner

28 May 2016



## How to apply

You can apply for a postal vote from the Returning Officer.

By mail: If you are applying by mail you must post your application to  
Australian Electoral Commission  
PO Box 1146  
CAIRNS QLD 4870

However, you should keep in mind that the application should reach the Returning Officer by the last mail clearance on **28 July 2016** (the Thursday before polling day) to allow for the voting material to be sent to you for completion and posting before the close of poll.

In person: You can go to the Returning Office to lodge this application

at: 2nd Floor Commonwealth Centre  
104 Grafton Street  
CAIRNS CITY

More information: If you need to find out where polling places are, you can ask any Australian Electoral Commission or Torres Strait Regional Authority officer.

## Information for an applicant

You can ask for a postal vote if, on polling day:

- you will not be within your enrolled ward;
- you will be more than 8 kilometres from a polling place or mobile polling station in your enrolled ward;
- you will be travelling and cannot get to a polling place in your enrolled ward;
- you are sick or about to have a baby;
- you are looking after someone who is sick or about to have a baby;
- you will be in hospital and you cannot vote there;
- your religion stops you going to a polling place;
- you are in prison or in custody or in detention;
- you will not be able to attend a polling place because of employment responsibilities.

## PLEASE COMPLETE THE APPLICATION USING BLOCK LETTERS AND BLUE OR BLACK INK

The personal information you give on this application is used for electoral purposes only and may be viewed by authorised staff and scrutineers.

Note: Giving false or misleading information is a serious offence.

**2** Your claimed enrolled address is the address that appears on the electoral roll.

**4** Please give the postal address where you want your voting papers sent. If it is the same as your claimed enrolled address, print 'as above'.

## APPLICATION FOR A POSTAL VOTE 2016 TORRES STRAIT REGIONAL AUTHORITY ELECTION

**1** Title (Mr, Ms, Mrs, Miss, Dr etc.)

Surname

Given names

Address where you are enrolled

Postcode

**3** Daytime phone number for contact (if convenient)

**4** I ask that a ballot paper be sent to me at the following address (if same as above write 'AS-ABOVE')

Postcode

### DECLARATION

• I declare that I am entitled to apply for a postal vote.

Signature or mark of applicant

Date

Day Month Year

Note: Giving false or misleading information is a serious offence.

### WITNESS

#### Information for an authorised witness

You can be a witness if your name is on the Commonwealth Electoral Roll.

If you are an authorised witness you must:

- know who the person is;
- watch the person sign the application form; and
- be satisfied that the statements are true and then sign the form, date it and write your name and address.

Signature or mark of authorised witness

Day Month Year

Name BLOCK LETTERS

Address

### OFFICE USE ONLY

Issuing Office

Certificate No.

Date of Issue

Elector's Ward

Date certificate received in Ward for which vote claimed

Issuing officer's initials

For any enquiries phone **07 4051 7188**

or visit the website at [www.aec.gov.au](http://www.aec.gov.au)

TSP4002\_0216

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Nomination Form



# Torres Strait Regional Authority Election Nomination Form

- NOTE 1** Information on this form is collected under provisions of the *Aboriginal and Torres Strait Islander (ATSI) Act 2005* and the *Torres Strait Regional Authority Election Rules 1996*.
- NOTE 2** This form will be publicly produced at the declaration of nominations and may be inspected by any member of the public, in accordance with the *Torres Strait Regional Authority Election Rules*.
- NOTE 3** No responsibility will be taken for faxed applications. It is your responsibility to ensure that transmission is successful.
- NOTE 4** Giving false or misleading information is a serious offence.

To the Returning Officer for the Torres Strait Regional Authority Election

**PART A – Nomination by not less than 4 electors**

Candidate family name  Candidate given name(s)

We, electors on the electoral roll for *(Insert Name of Ward)*   
hereby nominate the candidate named above.

**Details of electors as enrolled**

1 Family name  Given name(s)  Date of birth / /   
Address  State  Postcode   
Signature  Office Use Only Elector ID

2 Family name  Given name(s)  Date of birth / /   
Address  State  Postcode   
Signature  Office Use Only Elector ID

3 Family name  Given name(s)  Date of birth / /   
Address  State  Postcode   
Signature  Office Use Only Elector ID

4 Family name  Given name(s)  Date of birth / /   
Address  State  Postcode   
Signature  Office Use Only Elector ID

Australian Electoral Commission TSRA001 170516 16\_0763

# Torres Strait Regional Authority Election Nomination Form

5	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			
6	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			
7	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			
8	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			
9	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			
10	Family name	<input type="text"/>	Given name(s)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
	Signature	<input type="text"/>			Office Use Only	Elector ID		<input type="text"/>			

# Torres Strait Regional Authority Election Nomination Form

## PART B – Candidate to complete

### Name of candidate as enrolled

Family name

Given name(s)

Ballot paper name\*

\*The ballot paper name must include the surname or family name and at least one given name, or a commonly accepted variation, under which you are enrolled and if you want you may also have any other name or nickname by which you are commonly known.

Residential address

State  Postcode

Postal address

State  Postcode

Occupation

Gender

### Contact details – see Note 2 on front cover

The Returning Officer, or others, may need to contact you during the election. Please provide your contact details below.

Contact name

Postal address

State  Postcode

Daytime phone

Mobile phone

Email

### Candidate's declaration

I, the candidate named herein, state that:

- I am a Torres Strait Islander or Aboriginal person.
- My date of birth is: / /
- I am entitled to vote in the ward I wish to represent.
- I live in the ward I wish to represent.
- I am not a staff member of, or a consultant to the TSRA.
- I am not bankrupt and there is no personal insolvency agreement in operation with my creditors under the law relating to bankruptcy.
- I have not been convicted of an offence and sentenced to prison for one year or longer, or convicted of an offence involving dishonesty and sentenced to prison for three months or longer.
- or
- If I was sentenced to prison for one year or longer or sentenced to prison for dishonesty for three months or longer:
  - I never actually went to prison and two years have passed since my conviction.
  - or
  - I went to prison and two years have passed since my release.
- I consent to act as a member of the Torres Strait Regional Authority if elected and declare that 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.

Signature of candidate

Date

/ /

Office Use Only	Consecutive no.	Date received	Time received (24 hour)
	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

RO's signature

# Torres Strait Regional Authority Election Nomination Form

## NOMINATION CHECKLIST

Have you included the following information on or with this form?

### Part A (nomination particulars):

- name of ward for which you are nominating
- name of candidate
- signatures and full details of at least 4 eligible electors, other than the candidate, who are enrolled for the ward for which the candidate is nominating.

### Part B (candidate's particulars):

- full name
- form of name to appear on ballot paper
- residential address, postal address, occupation and gender
- contact details
- candidate's declaration — signature and date.

### Candidate's photograph:

- Photograph enclosed. A photograph depicting only the head and shoulders of the candidate may be enclosed with this nomination form or sent so it is received before nominations close. The photograph may be provided in an electronic format by emailing the file containing the photograph to [tsra@aec.gov.au](mailto:tsra@aec.gov.au)

Copies of the photograph supplied will be displayed on a poster in all polling places in the ward.

#### Photograph requirements:

- not more than 6 months old
- size not smaller than 35 x 45mm, not larger than 40 x 50mm
- image not too dark, not too light
- image not too close, not too distant
- image in front of a plain light coloured background
- full front view of your head and shoulders
- low resolution if digital photo taken.

Candidates who have any doubts on their eligibility, by virtue of Section 142V of the *Aboriginal and Torres Strait Islander Act 2005*, are advised to obtain their own legal advice.



Certificate ID:

## What you need to do

- Step 1** Fill in the *Voter Card* form and sign it in the presence of the Issuing Officer.
- Do not** detach the *Voter Card* form from this envelope.
- Step 2** In private, fill in your ballot paper.
- Step 3** Fold the ballot paper, place it in this envelope and seal the flap.
- Step 4** Hand this envelope (with the *Voter Card* form attached) to the issuing officer.

**DO NOT DETACH**

### Secret ballot

This envelope will be separated from the *Voter Card* form containing your personal particulars and placed with all the other envelopes before they are opened and the ballot papers are counted, so your vote remains secret.



Certificate ID:

2016 TORRES STRAIT REGIONAL AUTHORITY ELECTION

# Voter Card

To the Returning Officer for the:  Ward.

Declaration by voter who is:
• voting in their Ward  Ordinary
• voting at a polling place that is not in their Ward  Absent

## VOTER TO COMPLETE

Surname

Given name(s)

Address (where you are enrolled)

Daytime phone number ( )

Date of birth  /  /

- I am a Torres Strait Islander or Aboriginal person
I live in the Ward indicated above
I am on the Commonwealth Electoral Roll for the Ward indicated above
I have not voted before in this election.

Signature or Mark of voter  Date  /  /

NOTE: Giving false or misleading information is a serious offence.

## POLLING OFFICIAL TO COMPLETE

Signature of issuing officer  Date  /  /

Polling place name or mobile team number

Issuing ward

## OFFICE USE

Preliminary scrutiny remarks

## OFFICE USE PRELIMINARY SCRUTINY

A. Signature check
Yes No
Elector  
Issuing officer

B. Entitlement check
Yes No
Qualified  
Enrolled in Ward

ID No.

Deletions record

Del. Code

Date del.  /  /

Sub-division Code

C. Determination
Admitted 
Rejected

D. RO check of rejects
Image sought 
Received 
Admitted 
Rejected

Initials

TSRA 003\_0416

## What you need to do

- Step 1** Fill in the *Postal Voter Card* form, sign it in front of the witness and have the Certification section of the form completed.
- Do not** detach the *Postal Voter Card* form from this envelope.
- Step 2** Fill in your ballot paper in front of the witness but do not let the witness see how you vote.
- Step 3** Fold the ballot paper, place it in this envelope and seal the flap above.
- Step 4** Place this envelope (with the *Postal Voter Card* form attached) in the envelope addressed to the Returning Officer, seal it and post it or deliver it to the Returning Officer.

**DO NOT DETACH**

### Secret ballot

This envelope will be separated from the *Postal Voter Card* form containing your personal particulars and placed with all the other envelopes before they are opened and the ballot papers are counted, so your vote remains secret.

## Postal Voting Information

### To the voter

You must fill in your ballot paper in front of the witness. Do not let the witness see how you vote.

You put a number 1 in the box next to the person you want most. To make sure you get a choice of all the Candidates in your ward you then put a number 2 in the box next to the person you want second and a number 3 next to your third choice and so on until all the boxes are filled in.

### After voting

- Put your ballot paper in the postal voter card envelope and seal the flap.
- Fill in the *Postal Voter Card* form on the back of this flap and sign it in front of a witness.
- Have your *Postal Voter Card* form certified by:
  - an Aboriginal person or a Torres Strait Islander who is an office bearer of an Aboriginal or Torres Strait Islander Corporation,OR
  - a staff member of TSRA who knows that you are an Aboriginal person or a Torres Strait Islander.
- Place this envelope (with the *Postal Voter Card* form attached) in the envelope addressed to the Returning Officer, seal it and post it.

You must post the envelope before polling day or give it to the Returning Officer or hand it in at any polling place before the close of poll on polling day.

### If you need help

If you cannot read or write, or you cannot fill in the ballot paper because you can't see properly, ask someone to help you. If there is no-one else to help you, ask the witness.

### To the witness

If you are on the Commonwealth Electoral Roll you can be a witness for a voter making a postal vote.

If you are a witness you must make sure that the voter follows the steps set out on the attached envelope.

If other people are near when the voter is filling in the ballot paper make sure they do not tell the voter how to vote. Somebody can help the voter if the voter cannot fill in the ballot paper.

### Candidates

If you are a candidate in this election then you cannot certify that the voter is a Torres Strait Islander or Aboriginal person.

**Please DON'T remove this flap.** Your vote is secret. This flap will be removed by the Returning Officer **before** your ballot paper is taken out.

2016 TORRES STRAIT REGIONAL  
AUTHORITY ELECTION

# Postal Voter Card

To the Returning Officer for  
the:  Ward.

## VOTER TO COMPLETE — Declaration by voter

Surname

Given name(s)

Address  
(where you are enrolled)

Daytime phone number (  )

Date of birth  /  /

- I am a Torres Strait Islander or Aboriginal person
- I live in the Ward indicated above
- I am on the Commonwealth Electoral Roll for the Ward indicated above
- I have not voted before in this election.

Signature or Mark of voter  Date  /  /

NOTE: Giving false or misleading information is a serious offence.

## WITNESS TO COMPLETE

- I am on the Commonwealth Electoral Roll and I watched this form being signed by the voter.

Signature of witness  Date  /  /

## CERTIFICATION

I am an Aboriginal person or a Torres Strait Islander who is an office bearer of an Aboriginal or Torres Strait Islander Corporation OR

I am a member of the staff of the TSRA

- I certify that the voter is a Torres Strait Islander or Aboriginal person

Signature

Full name

Phone number (  )

OFFICE USE  
Issuing Office

## OFFICE USE PRELIMINARY SCRUTINY

A. Signature check

	Yes	No
Elector	<input type="checkbox"/>	<input type="checkbox"/>
Issuing officer	<input type="checkbox"/>	<input type="checkbox"/>

B. Entitlement check

	Yes	No
Qualified	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in Ward	<input type="checkbox"/>	<input type="checkbox"/>
ID No.	<input type="text"/>	
Deletions record	<input type="checkbox"/>	<input type="checkbox"/>

Del. Code

Date del.  /  /

Sub-division Code

C. Determination

Admitted	<input type="checkbox"/>
Rejected	<input type="checkbox"/>

D. RO check of rejects

Image sought	<input type="checkbox"/>
Received	<input type="checkbox"/>
Admitted	<input type="checkbox"/>
Rejected	<input type="checkbox"/>

Initials

## What you need to do

**Step 1** Fill in the *Pre-Poll Voter Card* form and sign it in the presence of the Issuing Officer.

**Do not** detach the *Pre-Poll Voter Card* form from this envelope.

**Step 2** In private, fill in your ballot paper.

**Step 3** Fold the ballot paper, place it in this envelope and seal the flap.

**Step 4** Hand this envelope (with the *Pre-Poll Voter Card* form attached) to the issuing officer.

The issuing officer will separate the form from the envelope and place the envelope in the ballot box.

**DO NOT DETACH**

### Secret ballot

This envelope will be separated from the *Pre-Poll Voter Card* form containing your personal particulars and placed with all the other envelopes before they are opened and the ballot papers are counted, so your vote remains secret.

2016 TORRES STRAIT REGIONAL  
AUTHORITY ELECTION

# Pre-Poll Voter Card

To the Returning Officer for  
the:  Ward.

**VOTER TO COMPLETE — Declaration by voter**

Surname

Given name(s)

Address  
(where you are enrolled)

Daytime phone number (  )

Date of birth  /  /

- I am a Torres Strait Islander or Aboriginal person
- I live in the Ward indicated above
- I am on the Commonwealth Electoral Roll for the Ward indicated above
- I have not voted before in this election
- I am entitled to a pre-poll vote.

Signature or Mark of voter  Date  /  /

NOTE: Giving false or misleading information is a serious offence.

**CERTIFICATION**

- I am an Aboriginal person or a Torres Strait Islander who is an office bearer of an Aboriginal or Torres Strait Islander Corporation  
OR  
 I am a member of the staff of the TSRA

- I certify that the voter is a Torres Strait Islander or Aboriginal person

Signature

Full name

Phone number (  )

**POLLING OFFICIAL TO COMPLETE**

Signature of issuing officer  Date  /  /

Pre-poll centre

**OFFICE USE  
PRELIMINARY  
SCRUTINY**

**A. Signature check**

Yes No

Elector

Issuing officer

**B. Entitlement check**

Yes No

Qualified

Enrolled in Ward

ID No.

Deletions record

Del. Code

Date del.  /  /

Sub-division Code

**C. Determination**

Admitted

Rejected

**D. RO check of rejects**

Image sought

Received

Admitted

Rejected

Initials

TSRA 004\_0516