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| Scrutineer Appointment Form | | | | | | | | | |
| Please use BLOCK LETTERS | | | | | | | | | |
| To the officer in charge: | | | | | | | | | |
| at | | |  | | | | | | |
|  | | | *(Polling Place/Scrutiny Centre)* | | | | | | |
| I hereby appoint | | |  | | | | | | |
|  | | | *(Surname or family name)* | | | | *(given names)* | | |
| of | | |  | | | | | | |
|  | | | *(Residential address)* | | | | | | |
| to act as my scrutineer at your Polling Place/Scrutiny Centre for the ACT Legislative Assembly election for which I am a candidate. | | | | | | | | | |
| Signature of candidate | | | | |  | | |  | / / |
|  | | | | | | | | | |
| Name of candidate | | | | |  | | | | |
|  | | | | | *(as it appears on the ballot paper)* | | | | |
| Name of Registered Party (if applicable) | | | | |  | | | | |
|  | | | | | | | | | |
| Undertaking by Scrutineer | | | | | | | | | |
| I undertake: | | | | | | | | | |
| (1) | not to unlawfully communicate any information about the vote of an elector acquired by me in the performance of my duties under the *Electoral Act 1992* in a way that is likely to enable the identification of that elector; | | | | | | | | |
| (2) | not to interfere with or attempt to influence the vote of any elector; | | | | | | | | |
| (3) | not to communicate with any person in the polling place except so far as is necessary in the discharge of my duties; and | | | | | | | | |
| (4) | not to undermine the health and safety measures as advised by the ACT Electoral Commission regarding social distancing and hygiene measures to minimise the spread of COVID-19. | | | | | | | | |
|  | |  | | | | | | | |
| Signature of scrutineer | | | |  | | | |  | / / |