

## Scrutineer Appointment Form

## **Please use BLOCK LETTERS**

To t	he office	r in charg	e:						
at									
		(Polling Place/Scrutiny Centre)							
I here	eby appoint								
		(Surname d	or family name)		(9	given naı	mes)		
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								/	/
						I			
Name of candidate									
(as it appears on the ballot paper)									
Name of Registered Party (if applicable)									
			Undert	aking by Sc	crutineer				
I unde	ertake:								
(1)	not to unlawfully communicate any information about the vote of an elector acquired by me in the performance of my duties under the <i>Electoral Act 1992</i> 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								/	/