

Enrol to vote or update your details for persons who are unable to sign their name due to physical incapacity in Queensland

**AEC**

Australian Electoral Commission

Who can use this form?

You can use this form to enrol for federal, state and local government elections in Queensland if you are:

- unable to sign your name due to a physical incapacity
- 18 years or older, and
- an Australian citizen, or a British subject who was on a Commonwealth roll on 25 January 1984.

You can enrol at 16 years but cannot vote until you are 18.

You may get someone else to complete this enrolment form and sign it on your behalf.

Within three weeks of receiving your enrolment form the AEC will confirm your enrolment. We may seek further information from you and confirm your enrolment using any of the contact details you provide.

Is it compulsory to enrol and vote?

Yes, it is compulsory for all eligible Australian citizens over 18 years to enrol and vote.

Do you need to provide a medical certificate?

Yes, please have a registered medical practitioner complete and sign the medical certificate on this form before your application is returned to the AEC.

Do you have to attend a polling place to vote?

No. You can register as a general postal voter at Question 6 and you will be sent ballot papers as soon as practicable after the declaration of nominations for federal, state and local government elections, or the issue of writs or authorisation for a referendum.

When you receive your ballot papers, you may ask someone else to help you complete them and then return them to the AEC.

Note: If you choose to vote in person at a polling booth, you can request assistance in marking your ballot paper.

Help in other languages

عربي	1300 720 132	Arabic	Polski	1300 720 143	Polish
中文	1300 720 135	Cantonese	Português	1300 720 145	Portuguese
Hrvatski	1300 720 136	Croatian	Русский	1300 720 146	Russian
Ελληνικά	1300 720 137	Greek	Српски	1300 720 147	Serbian
Italiano	1300 720 138	Italian	Español	1300 720 148	Spanish
ខ្មែរ	1300 720 134	Khmer	Türkçe	1300 720 149	Turkish
Македонски	1300 720 139	Macedonian	Việt-ngữ	1300 720 152	Vietnamese
中文	1300 720 142	Mandarin	Other languages 1300 720 153		

If you are deaf, or have a hearing or speech impairment

Contact the AEC through the National Relay Service (NRS):

- TTY – 133 677 then ask for 13 23 26
- Speak and Listen – 1300 555 727 then ask for 13 23 26
- Internet relay – connect to the NRS then ask for 13 23 26

Who has access to your enrolment information?

The Commonwealth of Australia

The Australian Electoral Commission (AEC) is authorised under the *Commonwealth Electoral Act 1918* (CEA) to collect and verify the information you have been asked to complete on this form. The information provided will assist the AEC to maintain electoral rolls.

The AEC may disclose electoral information to persons or organisations in accordance with the CEA. This may include:

- access to the publicly available electoral roll (containing names and addresses) which may be inspected at electoral offices
- state and territory electoral authorities
- Members of Parliament, Senators, registered political parties, and candidates for the House of Representatives
- approved medical research and public health screening programs
- any agencies, persons or organisations prescribed in the *Electoral and Referendum Regulations 1940*.

For more information on privacy, visit www.privacy.gov.au

The State of Queensland

Electoral Commission Queensland provides electoral information to organisations authorised under the *Queensland Electoral Act 1992*.

For more information

Australian Electoral Commission
www.aec.gov.au or **13 23 26**

Electoral Commission Queensland
www.ecq.qld.gov.au or **1300 881 665**

Returning your form

Post Australian Electoral Commission
Reply Paid 9867
BRISBANE QLD 4001
(No stamp is needed if posted in Australia)

Fax 07 3834 3403

Email info@aec.gov.au

In person To any AEC office





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12

Office use only –
Date received

Notation

CATS **H**

ACK **N**

NIN

1 Applicant's current name

Use a where appropriate.
Use black or blue pen and
BLOCK LETTERS

Mr Mrs Miss Ms Other

Family name

Given name(s)

**If notifying a
change of name**

Previous family name

Previous given name(s)

2 Applicant's date of birth
(dd/mm/yyyy)

. . **1 9** Gender

**3 Applicant's current
residential address**

Clearly identify this address.
A locality name or mail service
number is not enough

State **QLD** Postcode

Current postal address

Leave blank if the same as
residential address

State Postcode

**If notifying a change of
address**

Previous residential address

State Postcode

4 Applicant's phone numbers

Mobile Daytime ()

Email address

**5 Applicant's citizenship
status**

To enrol the applicant must
be an Australian citizen, or a
British subject who was on the
Commonwealth electoral roll
on 25 January 1984

Australian citizen by birth Town of birth State or territory

or

I have become an Australian citizen Citizenship certificate number

Country of birth

Name on citizenship certificate

or

British subject who was enrolled on 25 January 1984

Name on 25 January 1984

Country of birth

**6 Does the applicant wish
to register as a general
postal voter?**

Yes Postal voting papers will be sent to the postal address given at Question 3
No

7 Evidence of the applicant's identity

Confirm the applicant's identity using **one** of these three options

Australian driver's licence Number State or territory
or

Australian passport Number
or

Have a person who is on the Commonwealth electoral roll confirm the applicant's identity

- *I am on the Commonwealth electoral roll, and*
- *I confirm the identity of the applicant.*

Signature

Name and address (BLOCK LETTERS)

8 Declaration

- *The applicant is eligible to enrol at the residential address at Question 3*
- *The applicant is eligible to enrol for federal, state and local government elections in Queensland*
- *The information given on this form is true and complete, and*
- *I understand that giving false or misleading information is a serious offence.*

Signature of person who completed this form on behalf of the applicant in accordance with the applicant's directions

Name and address (BLOCK LETTERS)

Important – The following Medical Certificate must be completed by a registered medical practitioner **before** this form is lodged

Medical Certificate

Commonwealth Electoral Act 1918 – s98(3)

Medical practitioner's details – Please use BLOCK LETTERS

Full name

Address

 State Postcode

Provider number

Phone number ()

Medical practitioner's signature

I am a registered medical practitioner and consider that the person named at Question 1 on this form is physically incapable of signing his/her name or making his/her mark.

Returning this form – see information page for instructions