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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 |  |  | / / |