

APPLICATION FOR CANDIDACY

PERSONAL INFORMATION								
Title	Mr / Mrs / Ms / Dr / Specify Other;				Age			
Surname			Given Names			D.O.B		
Address								
Suburb				State			Postcode	
Place of Birth				Nationality			Religion	

DISCLOSURE PROVISIONS

As all applicants are to potentially be nominated for public office and represent the Party to the Nation. As such full disclosure is expected for transparency and to ensure opposition Parties or groups cannot tarnish or discredit the Party. A criminal history, bankruptcy or health conditions does not automatically void an application; however concealment will result in the candidate being stood down and potentially expelled from the Party.

PRIOR AFFILIATIONS				
1. Office bearer or official in another party	Yes / No	If yes; role?		
			Date resigned	
2. Union office bearer or official	Yes / No	If yes; position		
			Date Resigned	
3. Ever employed in public service.	Yes / No	If yes; agency		
Position Title				

HEALTH CONDITIONS

Applicants must disclose any health conditions they may have or have had which could impede their ability to campaign or serve a full term in public office.

1. Do you or have you ever suffered from any Chronic health conditions	Yes / No	
If yes specify the condition/s		
Any other Conditions		

PRIOR WORK EXPERIENCE

	Employer	Duties / Role	Period employed
1			
2			
3			
4			

CHARITY WORK / COMMUNITY ACTIVITIES

	Organisation	Duties / Role	Period Conducted
1			
2			
3			
4			

FINANCIAL DISCLOSURE

Are you an undischarged bankrupt	Yes / No	Section			
Do you have shares	Yes / No	Organisation / industry			
Are you employed in a finance role	Yes / No	Position			
Any business interests in your electorate	Yes / No	If yes; type			
Other					

CRIMINAL HISTORY

Ever been charged with an offence	Yes / No	Offence Title	
Ever subjected to a Court order	Yes / No	Order Type	
Ever arrested by Police	Yes / No	Reason	
Other			

DECLARATION BY CANDIDATE

I (print Name) declare that all information provided by me in this application is a true account of my life / work history. I fully understand it is an offense to provide false information on such an application, and if I were to do so I may be subject to cancellation of my application and potential expulsion from the Party.

Declared at;in the State of; on
this day;/...../..... at am / pm

Applicants Signature;

Before Me;
(Signature of authorised witness)

Authorised witnesses stamp / number
