

South Australia

## **Electoral Variation Regulations 2006**

under the *Electoral Act 1985*

---

### **Contents**

#### **Part 1—Preliminary**

- 1 Short title
- 2 Commencement
- 3 Variation provisions

#### **Part 2—Variation of *Electoral Regulations 1997***

- 4 Variation of regulation 5—Forms
  - 5 Variation of regulation 6—Prescribed authorities (section 27A)
  - 6 Substitution of Schedule
    - Schedule 1—Forms
- 

### **Part 1—Preliminary**

#### **1—Short title**

These regulations may be cited as the *Electoral Variation Regulations 2006*.

#### **2—Commencement**

These regulations come into operation on the day on which they are made.

#### **3—Variation provisions**

In these regulations, a provision under a heading referring to the variation of specified regulations varies the regulations so specified.

### **Part 2—Variation of *Electoral Regulations 1997***

#### **4—Variation of regulation 5—Forms**

Regulation 5(1)—delete "the Schedule" insert:

Schedule 1

#### **5—Variation of regulation 6—Prescribed authorities (section 27A)**

Regulation 6(1)—after paragraph (d) insert:

- (e) Central Northern Adelaide Health Service Incorporated.
-

## 6—Substitution of Schedule

Schedule—delete the Schedule and substitute:

### Schedule 1—Forms

#### Form 1

**South Australia**  
**Ballot Paper for the Election of (a) Legislative Councillors**  
 You are not legally obliged to mark the ballot paper

**YOU MAY VOTE BY**

**EITHER**  
 Placing the number 1 in one of these squares to indicate the registered voting ticket(s) you wish to adopt for your vote

**OR**  
 Numbering all squares from 1 to (b) in the order of your choice

A  (c)

B  (d) (c)

C  (c)

D  (c)

E  (c)

F  (c)

G  (c)

H  (c)

I  (c)

J  (c)

K  (c)

L  (c)

M  (c)

N  (c)

O  (c)

P  (c)

Q  (c)

R  (c)

S  (c)

T  (c)

A  (d) (c)

B  (d) (c)

C  (d) (c)

D  (d) (c)

E  (d) (c)

F  (d) (c)

G  (d) (c)

H  (d) (c)

I  (d) (c)

J  (d) (c)

K  (d) (c)

L  (d) (c)

M  (d) (c)

N  (d) (c)

O  (d) (c)

P  (d) (c)

Q  (d) (c)

R  (d) (c)

S  (d) (c)

T  (d) (c)

Grouped Candidates

Ungrouped Candidates

○  
Issuing Officer Initials

After voting, fold the ballot paper and place it in the ballot box or declaration envelope

(a) Insert here number of vacancies  
 (b) Insert here number of candidates  
 (c) If to be printed, insert here:  
 - registered name or abbreviation of registered political party; or  
 - composite name or composite abbreviation of two registered political parties; or  
 - description 'independent'; or  
 - description 'independent', followed by not more than five additional words.  
 (d) Insert here name of candidate.

Form 1A

South Australia  
Ballot Paper for the Election of (a) Legislative Councillors

You are not legally obliged to mark the ballot paper

EITHER

Placing the number 1 in one of these squares to indicate the registered voting (squares) you wish to adopt for your vote

A	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
M	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
I	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
J	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
K	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
L	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)

OR

Numbering all squares from 1 to (b) in the order of your choice

A	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
M	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
I	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
J	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
K	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)
L	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)	<input type="checkbox"/> (a) (c)




Issuing Officer Initials

After voting, fold the ballot paper and place it in the ballot box or declaration envelope

- (a) Insert here number of valid votes
- (b) Insert here number of candidates
- (c) If to be printed, insert here:
  - registered name or abbreviation of registered political party; or
  - complete name or composite abbreviation of two registered political parties; or
  - description 'Independent', or
  - description 'Independent', followed by not more than five additional words.
- (d) Insert here name of candidate;
  - Continue with additional letters and squares if required
  - Unregistered candidates

Form 2

South Australia	
<b>Ballot Paper</b>	
Election of one Member for the House of Assembly	
<b>DISTRICT OF (a)</b>	
<b>Number the squares from 1 to (b) in the order of your choice.</b>	
You are not legally obliged to mark the ballot paper.	
<hr/>	
<input type="checkbox"/>	(c) (d)
<hr/>	
<input type="checkbox"/>	(c) (d)
<hr/>	
<input type="checkbox"/>	(c) (d)
<hr/>	
<input type="checkbox"/>	(c) (d)
<hr/>	
<input type="checkbox"/>	(c) (d)
<hr/>	
After voting, fold the ballot paper and place it in the ballot box or declaration envelope	

- (a) Insert here name of District  
(b) Insert here number of candidates  
(c) Insert here name of candidate  
(d) If to be printed, insert here:
- the registered name or abbreviation of the political party; or
  - the composite name or composite abbreviation of two registered political parties; or
  - the description 'Independent'; or
  - the description 'Independent' followed by not more than 5 additional words.

**Form 3**

DECLARATION VOTE ENVELOPE 1			
<b>1. ELECTOR DETAILS - Please print firmly</b>			
Name of District			
Surname			
Given Names			
Address for which elector claims to be enrolled <small>(Postal and RSD Addresses are not acceptable)</small>			
Date of Birth	Day	Month	Year
Reason for applying for a Declaration Vote			
I declare that I: <ul style="list-style-type: none"> <li>• am entitled to a declaration vote;</li> <li>• have not already voted in this election/referendum; and</li> <li>• completed my ballot papers and this declaration before 6pm (South Australian time) on polling day.</li> </ul>			
Signature or Mark of Elector			
<b>2. AUTHORISED WITNESS TO COMPLETE</b> <small>Only if elector is voting by post</small>			
Surname			
Given Names			
Address			
I certify that the elector signed/marked this declaration in my presence before 6pm (South Australian time) on polling day.			
Signature of Authorised Witness			
Date	/	/	
<b>3. ISSUING OFFICER TO COMPLETE</b>			
I certify that the above elector is entitled to receive declaration voting papers for this election/referendum.			
Date of Election/Referendum	/	/	
Type of Vote <small>Tick one box</small>	<input type="checkbox"/> Pre-Poll <small>(over the counter)</small>	<input type="checkbox"/> Postal	<input type="checkbox"/> Declared institution
Name of issuing office or declared institution			
Issuing Officer's Signature			
Date	/	/	

**Form 4**

<b>DECLARATION VOTE ENVELOPE 2</b>			
<b>Street &amp; Localities Book Reference Number</b>			
	Page Number	Line Number	
<b>Name of District</b>			
<b>1. ELECTOR DETAILS - Please print firmly</b>			
<b>Surname</b>			
<b>Given Names</b>			
<b>Address for which elector claims to be enrolled</b> <small>(Postal and RSD Addresses are not acceptable)</small>			
<b>Date of Birth</b>	Day	Month	Year
<small>If elector's name has changed since enrolling for the above address, provide previous name here.</small>			
<b>2. ELECTOR DECLARATION</b>			
<small>I declare that I have not previously voted in this election/referendum and am entitled to a declaration vote because:</small>			
<b>Tick one box</b>	<b>Absent</b>	<input type="checkbox"/>	<small>I choose to attend a polling booth outside my enrolled district</small>
	<b>Unenrolled</b>	<input type="checkbox"/>	<small>My name, as a result of an official error, does not appear on the certified list of electors for the district</small>
	<b>Already Voted?</b>	<input type="checkbox"/>	<small>I appear, as a result of an error, to have already voted in this election/referendum</small>
	<b>Suppressed Address</b>	<input type="checkbox"/>	<small>My address has been suppressed from publication</small>
<b>Signature or Mark of Elector</b>			
<b>3. ISSUING OFFICER TO COMPLETE</b>			
<small>I certify that the elector signed/marked this declaration in my presence.</small>			
<b>Date of Election/Referendum</b>	/ /		
<b>Issuing Officer's Signature</b>			
<b>Polling Place</b>			

**Form 5**

<b>DECLARATION VOTE ENVELOPE 3</b>	
<p><b>1. ELECTOR DETAILS</b></p> <p>Elector Number Issue Date Election Date Surname Given Names Street Address Suburb</p> <p>Postal Address Details</p>	<p><b>2. ELECTOR DECLARATION</b></p> <p>I declare, that I:</p> <ul style="list-style-type: none"> <li>• am entitled to a declaration vote;</li> <li>• have not already voted in this election/pollendum;</li> <li>• confirm my personal details on this form are correct, and</li> <li>• completed my ballot papers and this declaration before 6pm (South Australian time) on polling day.</li> </ul> <p>Signature or Mark of Elector</p>
<p><b>3. AUTHORISED WITNESS TO COMPLETE</b></p> <p>Surname</p> <p>Given Names</p> <p>Address</p>	<p>I certify that the elector signed/marked this declaration in my presence before 6 pm (South Australian time) on polling day.</p> <p>Signature of Authorised Witness</p> <p>Date / /</p>

**Form 6**

APPLICATION FOR A POSTAL VOTE			
<b>Office Use Only</b>			Issuing Officer Initials
	Name of District		Date Issued
<b>1. COMPLETE YOUR DETAILS - Please print</b>			
Surname			
Given Names			
Enrolled Address			
(Post Office box numbers, RSD numbers etc. are not acceptable.)			
Date of Birth		Day	Month
		Year	
Daytime Phone No.			
<b>2. ADDRESS TO SEND BALLOT PAPERS</b>			
Please send ballot papers for this election/referendum to me at this address			
<b>3. DECLARATION</b>			
I declare that I:			
<ul style="list-style-type: none"> <li>• have not already voted in this election/referendum; and</li> <li>• am eligible for a postal vote for one of the following reasons (tick one box):</li> </ul>			
<input type="checkbox"/>	Distance	<input type="checkbox"/>	Advanced Pregnancy
<input type="checkbox"/>	Travelling	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Illness	<input type="checkbox"/>	Working
<input type="checkbox"/>	Caring for Others	See back of this application for detailed description of reasons	
<b>Signature or Mark of Elector</b>			
<b>Date</b>		/ /	
Witness must sign only if applicant is unable to sign his/her name (see back of application).			
<b>Signature of Authorised Witness</b>			
<b>Date</b>		/ /	



### QUALIFICATION TO APPLY FOR A POSTAL VOTE

You are entitled to apply for a postal vote if you are unable to vote at a booth on polling day for one of the following reasons -

- **DISTANCE** - More than 8 kilometres from any polling booth
- **TRAVELLING**
- **ILLNESS** - Sickness, infirmity or disability
- **CARING FOR OTHERS** - Caring for a person who is sick, infirm or disabled
- **ADVANCED PREGNANCY**
- **RELIGION** - Membership in a religious order or religious beliefs
- **WORK** - Working throughout the hours of polling

### OBLIGATIONS OF WITNESS

An elector who is unable to write may, in the presence of an *authorised witness*, make his/her distinguishing **MARK** in the space provided for the applicant's signature.

*Authorised witness*

- is any person (other than a candidate in the election) who is at least 18 years of age;
- can only witness this application if he/she has seen the applicant **MARK** it.

### APPLICATION BY POST

Completed applications must be received by 5pm on the Thursday immediately before the election/referendum at the State Electoral Office, GPO Box 666, Adelaide SA 5001

134 Fullarton Rd, Rose Park SA 5001

or an appointed overseas office.

The location of overseas offices will be published in local newspapers prior to the election/referendum and on the State Electoral Office website at [www.seo.sa.gov.au](http://www.seo.sa.gov.au)

**Form 7**

**Declaration by elector who applied by post  
but failed to receive voting papers**

To the Returning Officer for the District of

(Insert Name of District)

<b>Elector's Name and Enrolled Address</b>	Surname	
	Given Names	
	Enrolled Address	

I declare that I failed to receive declaration voting papers in response to my postal application.

<b>Signature or Mark of Elector</b>	
-------------------------------------	--

**Polling Booth Manager to complete**

I, ....., Polling Booth Manager at the  
(Name of Polling Booth Manager)

..... polling place, certify that the abovenamed  
(Name of Polling Place)

elector has been provided with the appropriate ballot papers so that he/she may vote in this election.

Signature of Polling Booth Manager ..... Date ...../...../.....

**Form 8**

ELECTORAL DISTRICT:
ELECTION DATE:
DUE DATE FOR RETURN OF NOTICE:

**NOTICE OF APPARENT FAILURE TO VOTE**

Dear Elector

My records appear to indicate that you did not vote at the State election held on the date given above.

It is an offence under section 85(7) of the *Electoral Act 1985* to fail to vote without a valid and sufficient reason.  
(Expiation fee: \$10; maximum penalty: \$50)

I am now offering you the opportunity to provide the reason for your apparent failure to vote (refer Section 2A or 2B of this Notice).

If the elector to whom this Notice is addressed is absent, or unable to respond, another elector who knows the facts may respond on the elector's behalf.

It is also an offence under section 85(7) to fail to complete, sign and return this Notice to the State Electoral Office by the date given above.  
(Expiation fee: \$10; maximum penalty \$50)

A reply paid envelope is provided. Please note that your returned Notice **MUST** be witnessed (refer Section 4 of the Notice).

ELECTORAL COMMISSIONER

**Please Print**

<b>Section 1</b>	Name of Elector	Daytime Phone
	Current Address	Date of Birth

<b>Section 2 A</b>	<p><b>Please complete either Section 2A or 2B</b></p> <p><b>I did vote</b></p> <p><i>(Tick appropriate box)</i></p> <p><input type="checkbox"/> at the polling place at .....</p> <p><input type="checkbox"/> by post.....</p> <p><input type="checkbox"/> pre poll in person at.....</p> <p><i>(Our records will be re-checked against your claim.)</i></p> <p><b>OR</b></p>
<b>2 B</b>	<p><b>The reason for not voting</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<b>Section 3 A</b>	<p><b>I declare that the information provided above is true to the best of my knowledge.</b></p> <p>Signature of elector OR person completing the Notice</p> <p>.....</p>
<b>3 B</b>	<p><b>Name and address of any person acting on behalf of the elector</b></p> <p><b>Name</b>.....</p> <p><b>Address</b>.....</p>

**WITNESS SECTION**

<b>4</b>	<p>The declaration was signed in my presence.</p> <p><b>Signature of Witness</b></p> <p>.....</p>	<p><b>Address of Witness</b></p> <p>.....</p> <p>.....</p> <p style="text-align: right;">..... Date</p>
----------	---	---

**Note—**

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

**Made by the Governor's Deputy**

with the advice and consent of the Executive Council  
on 19 January 2006

No 5 of 2006

AGO0170/04CS