

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



AEC

Australian Electoral Commission

Who can use this form?

You can use this form to enrol for federal, state and local government elections in Victoria 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*.

* For Victorian electors only, if you are eligible to be on the state electoral roll on 26 October 1983.

You can enrol at 16 years of age for federal purposes and at 17 years for State purposes, 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 or, for state and local government elections, return them to the Victorian Electoral Commission (VEC).

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	Język polski	1300 720 143	Polish
中文	1300 720 135	Cantonese	Português	1300 720 145	Portuguese
Hrvatski	1300 720 136	Croatian	Русский язык	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
한국어	1300 720 468	Korean	Tiếng Việt	1300 720 152	Vietnamese
Македонски	1300 720 139	Macedonian	Other languages	1300 720 153	
中文	1300 720 142	Mandarin			

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



Victorian Electoral Commission **VEC**

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 Regulation 2016*.

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

The State of Victoria

Under the *Victorian Electoral Act 2002*, enrolment information is available to:

- Members of Parliament, registered political parties and election candidates. This information includes name, address, date of birth and gender.
- The AEC and the VEC exchange electoral information under a joint roll arrangement to update the electoral roll. As part of the roll update activities the VEC may disclose your name to other people living at your enrolment address.
- The electoral roll can be inspected at the office of the VEC. Only names and addresses are provided, though the addresses of silent electors are not disclosed on the publicly available roll.
- The Juries Commission under the *Juries Act 2000* and local governments under the *Local Government Act 1989*.
- Other organisations – in limited circumstances. However, before releasing enrolment information, the VEC must weigh up public interest arguments with privacy considerations and consult with the Privacy Commissioner. A full list of agencies receiving enrolment information is available from www.vec.vic.gov.au and the VEC.

For more information

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

Victorian Electoral Commission
www.vec.vic.gov.au or **1300 805 478**

Returning your form

Post	Australian Electoral Commission Reply paid 9867 MELBOURNE VIC 3001 (No stamp is needed if posted in Australia)
Fax	02 6293 7604
Upload	Upload your scanned signed form at www.aec.gov.au/return
In person	To any AEC office



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12

Office use only –
Date received

Notation

CATS **H**

ACK

NIN

Approved Not approved Signature

Title

Date / /

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)

.. Gender

3 Applicant's current residential address

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

State **VIC** 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*

* For Victorian electors only,
if you were eligible to be on
the state electoral roll on
26 October 1983

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)

Date of birth (dd/mm/yyyy)

/ /

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 Victoria
- 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)

9 Witness declaration

- I declare that I am on the Victorian electoral roll, and
- I saw this form being signed on behalf of the applicant.

Signature of witness

/ /

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)
Victorian Electoral Regulations 2002 – s7(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