Division	
Team No.	

GENERAL RETURN OF OFFICER-IN-CHARGE (Team Leader) MOBILE POLLING TEAM (REMOTE)

Signature of Team Leader			
	1	1	
Signature of Witness			
	1	1	
Cinn atoms of Mitarons			
Signature of Witness			
	J	/	

NOTE: Ensure you have sufficient copies of relevant pages to cover each polling station.

Toom No	
Team No.	
]
	1
	1

Appointment of Substitute Team Leader

То:	
<u> </u>	<u> </u>
You are appointed to act as Substitute Team Leader	whilst am temporarily absent from the polling place.
During my absence you are to be deemed to be Tea	m Leader and may exercise all the powers of the position.
Signature of Team Leader	
,	/
,	
I acknowledge receipt of the above appointment.	
Cimatura	MPG
Signature	Witness
/ /	

Record of Times of Acting as Substitute Team Leader						
Day	Date	From	То			
	/ /					
	/ /					
	/ 1					
	1 1					
	/ 1					
	1 1					

Team Leader:	
Team Member:	
Team Member:	l
Team Member:	

Team No.	l
100	
(

Mobile Polling Itinerary										
	Travel			Polling						
Day & Date	Mode	Depart	Time	Arrive	Time	Venue	Polling Hours	Enrolment	Previous Votes Cast	Remarks (inc. Contact)

Team	No.

Report / Variation to Itinerary Details

Detai	l anv	Ωf	the	foll	lowin	a.
DELAI	ıaııv	UI	uic	IUII		u.

- 1. Any contravention of the Electoral Act
- 2. Any itinerary variations (include steps taken to inform DRO & public)
- 3. Any other matter which should be brought to the DRO's attention.

Signature of Team Leader	
, .	D 4
/ /	Page 4 EF181 - 5/95

1

eam	No.

Record of Ballot Box and Security Seal Numbers Commencement of Polling Conclusion of Polling **Polling Ballot** No. of IF Fresh ballot box No. of Cover the voting slot; Produce the empty ballot box attach security seal through the First place box Second to be used; handle so that the ballot box is No. No. Security Security completely closed and the slot cannot be uncovered without display the empty ballot box; Seal Seal attach plastic security seals to the ends of the ballot box attached attached breaking the seal. or each at close ballot of Poll box IF Used ballot box Examine and verify the security seals; remove the seal through the handle only to allow uncovering of the voting slot. (Team Leader) _ (Team Leader) ____ (Witness) (Witness) (Witness) (Witness) (Team Leader) (Team Leader) . (Witness) (Witness) (Witness) (Witness) (Team Leader). (Team Leader). (Witness) (Witness) (Wirness) (Witness) (Team Leader) _ (Team Leader) _ (Witness) (Witness) (Witness) (Witness) (Team Leader) _ (Team Leader) _ (Witness) (Witness) (Witness) (Witness) (Team Leader) -(Team Leader) . (Witness) (Witness) (Witness) (Witness) (Team Leader) _ (Team Leader) -

(Witness)

(Witness)

(Witness)

3

Worksheet for House of Representatives Ballot Papers

E=A-(B+C+D),

Polling Place No.	Polling Place	On hand at start of Poll (A)	Unused (B)	issued to Declaration Voters *(C)	Spoilt (D)	Issued to Ord. Voters (E)	Adjustment after DRO's issue (F)	by Ordinary	Number of Assisted Votes
1	Bulla Camp	400	_359	7	2	32			21
2	Finke	359	336	4	-	19	_	1	4
3	Alcoota	336	251	12	-	73	_	_	9
4	Ukaka	251	224	2	1	24			4
5	Oenpelli	224	135	15	3	71	+100		46
6	Scott Creek	235	175	1	-	59			19
7	Kintore	175	151	2	_	22	-50		
8	Gan Gan	101	77	-	1	23			15
9	Elliott	77	58	1	1	17			_8
10	Іровета	58	_ 22	7	3	26			9
11		•							
12				<u> </u>					
13	Note: If exti								
14	· ·			some b	•	apers			
15	(mobile					
16	,	<i>'</i>		on hand		rt of			
17	_	_	re mus	t 6e adj	usted				
18	accord	ingly.							
19									
20									
TOTA	TOTAL FOR THE TEAM (B) (C) (D) (E) (F) (G)					135			
,	(C) Declaration includes Absent and Provisional Votes. carded declaration ballot paper figure DO NOT TRANSFER THIS FIGURE								
21	Actually received from D	RO			4	00			
22	Total adjustments (±)				+	50	4		
23	No. of ballot papers to be	e accounte	ed for		4	50			

Figures Checked and Verified Signed

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Team No.	

Worksheet for House of Representatives Ballot Papers E=A-(B+C+D)

Polling Place No.	Polling Place	On hand at start of Poll (A)		Issued to Declaration Voters *(C)		issued to Ord. Voters (E)	Adjustment afler DRO's issu (F)	Discarded by Ordin e Voters (G)	Number ary of Assisted votes
1									
2		*	_						
3		*							
4		-	_						
5		<i>A</i>	/						
6			_						
7									
8									
9		1							
10									
11									
12								<u> </u>	
13									
14									
15									
16		-		-	<u></u> -		· · · · · · · · · · · · · · · · · · ·		
17									
18		A			:				_
19 20		-							 _
20		[
TOTAL	FOR THE TEAM		(B)	(C)	(D)	(E)	(F)	(G)	
• (C) D	eclaration includes Absent a	and Provision	onal Votes). -					
Discarded	l declaration ballot paper	figure		_	DO NO	T TRANS GURE	FER		
21	Actually received from D	RO							
22	Total adjustments (±)						4		
23	No. of ballot papers to b	e accounte	d for						

23 No.	of ballot papers to be accounted for	<u> </u>
● Figures Checked and \	Verified	
	Signed	Page 6 EF181 - 5/95

Team	No.	\Box
1		l

Summary of Declaration Envelopes by Division

Record the number of:

- Absent-votes for other divisionsProvisional votes for your division

DO NOT INCLUDE POSTAL VOTES HERE

	Division	Issued
01	Banks	
02	Barton	
03	Bennelong	
04	Berowra	
05	Blaxland	
06	Bradfield	
07	Calare	
08	Charlton	
09	Chifley	
10	Cook	
11	Cowper	
12	Cunningham	
13	Dobell	
14	Eden-Monaro	
15	Farrer	
16	Fowler	
17	Gilmore	
18	Grayndler	
19	Greenway	
20	Gwydir	
21	Hughes	
22	Hume	
23	Hunter	
24	Kingsford-Smith	
25	Lindsay	
	Subtotal	

L_	Division	Issued
	Subtotal carried forward	
26	Lowe	
27	Lyne	
28	Macarthur	
29	Mackellar	
30	Macquarie	
31	Mitchell	
32	Newcastle	
33	New England	
34	North Sydney	
35	Page	
36	Parkes	
37	Parramatta	
38	Paterson	
39	Prospect	
40	Reid	
41	Richmond	
42	Riverina	
43	Robertson	Í
44	Shortland	
45	Sydney	
46	Throsby	
47	Warringah	
48	Watson	
49	Wentworth	
50	Werriwa	

Team	No.

Reconciliation of Ballot Papers

NOTE: This Reconciliation is to be completed by persons who are to conduct the Scrutiny.

HOUSE OF REPRESENTATIVES

(1) TOTAL		the Total number of House of Rep's papers in ballot box
(2) Number of completed DECLARATION ENVELOPES in the ballot box		gure comprises all envelopes containing and Provisional Votes. From Col. C. Page 6
(3) Number of ballot papers SPOILT	Numbe House	er of Spoilt/Discarded envelopes containing spoilt of Rep's ballot papers. From Col. 0. of Page 6
(4) Number of ballot papers DISCARDED		er of Spoilt/Discarded envelopes containing ordinary ed House of Rep's ballot papers. From Col. G. Page 6
(5) Number of ballot papers UNUSED		ure comprises all ordinary House of Rep's papers not issued to electors. From Cd. B. Page 6
(6) TOTAL of lines 1 + 2 + 3 + 4 + 5		
(7) Number of ballot papers to be ACCOUNTED FOR	After a	djustment From line 23, Page 6.
(8) DIFFERENCE (between lines 6 and 7)		a balancing figure only. Do not after above figure in a 'nil' balance.

SENATE

(1) TOTAL	This is the Total number of Senate ballot papers in ballot box
(2) Number of completed DECLARATION ENVELOPES in the ballot box	This figure comprises all envelopes containing Absent and Provisional Votes. From Col. C. Page 7
(3) Number of ballot papers SPOILT	Number of Spoilt/Discarded envelopes containing spoilt Senate ballot papers. From Col. D. of Page 7
(4) Number of ballot papers DISCARDED	Number of Spoilt/Discarded envelopes containing ordinary discarded Senate ballot papers. From Cal. G. Page 7
(5) Number of ballot papers UNUSED	This figure comprises all ordinary Senate ballot papers not issued to electors. From Col. B. Page 7
(6) TOTAL of lines1 +2+3+4+5	
(7) Number of ballot papers to be ACCOUNTED FOR	After adjustment From line 23, Page 7.
(8) DIFFERENCE (between lines 6 and 7)	This is a balancing figure only. Do not alter above figure to obtain a 'nil' balance.

Figures Checked and Verified	
Signed EF18	Page 9 - 5/95

			Team No.
	Record	of Postal Vote Certificates H	anded In
1.	Record the details of each F cancelled certificates in Tab	Postal Vote Certificate Envelope handed to you -	completed certificates in Table A and
2.	Write on each Postal Vote of Polling Place", then sign and	Certificate Envelope the words "Received by me atd date it.	
3.	Cancelled certificates includ	e those certificate envelopes and ballot papers NC	OT completed by the elector.
4.	If no certificates are received	d TICK the relevant box(es) BELOW.	
		RECORD OF COMPLETED CERTIFICATES	3
A	Surname	First given name and other Initials	Electors enrolled Division
1			
2			
3			
4			
5			
6			
7			
8			
Q			
10			
11			
12			
13			
14			
her	e were no completed certific	cates handed in	
		RECORD OF CANCELLED CERTIFICATES	
B	Surname	First given name and other Initials	Electors enrolled Division
1			
2			
3			
4			
5			
her	e were no cancelled certifica	tes handed in	Page
			EF181 – 5

Communication Arrangements

		o Head O			as soon as	possible after completion		
Contact Persons (1)					(2)			
Telephone Number		Radio: Frequency/Channel			Your Call Sign			
				Operator's Call Sign		Operating Hours		
Day	Date		n completed) 2nd call (lime) (if required)		Rem	arks		
DAY1	/ /							
DAY2	/ /							
DAY3	/ /							
DAY4	//							
DAY5	/ /							
DAY6	//							
DAY7	//							
DAY 8	/ /	1						
DAY9	/ /							
DAY 1	0 //							
DAY11	//							
DAY 1	2 //							

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1

Team No.	
Polling Place No.	
Polling Place	

Mobile Team Diary

1 TRAVEL PARTICULARS
Mode of Travel — Vehicle (Type)
Aircraft (Type)
Distance from (Last Station) m s
*Actual travelling time for journey: hrs mins
Travelling Conditions (Roads, Weather)
1
Comments
2. POLLING PARTICULARS
Scheduled polling time and date
Actual setting up time
Actual polling time (Opening and closing of poll)
Comments
Description of premises
Useful contacts
Comments (factors influencing polling, eg. adverse weather conditions)
3. POST-POLL PARTICULARS (To be completed on/y if this station is the final poll for the day)
Overnight accommodation Place T y p e
Overnight security arrangements
Comments

*A report on any variation to advertised times should be immediately recorded. In particular the steps taken to advise the DRO and the public should be recorded.

Team No.	

Staff Report and Record of Employment

Surname	Given names				
Postal address	Total hours worked				
Polling Place(s)	Signature of assistant	, ,			
Staff Report					
Surname	Given names				
Postal address	Total hours worked				
Polling Place(s)	Signature of assistant	/ /			
Staff Report					
Surname	Given names				
Postal address	Total hours worked				
Polling Place(s)	Signature of assistant	1 1			
Staff Report					
Surname	Given names				
Postal address	Total hours worked				
Polling Place(s)	Signature of assistant	/ /			
Staff Report					
		Dogo 12			

Team	No.
1	

Record of Expenses

Date	Goods or Services	Supplier and Address	cost	Mode of pay ment (cash c purchase ord
/ /				
/ /				
/ /				
/ /				
1 /				
/ /				
1 1				
/ /		`		
/ /				
1 1				
1 1				
1 1				
		Total		

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Incident Report — Instructions

Use this report to record:

- . complaints from electors or scrutineers about the conduct of the polling or the scrutiny
- · disturbances at the polling place.

Removal of a person from the polling place:

A scrutineer or any other person who commits any breach or misconduct or who fails to obey the lawful directions of the OIC may be removed from the polling place at the request of the OIC by a member of the police force. If this becomes necessary you should document details in the **Incident Report** and if possible obtain a statement from witnesses.

Signature of Officer-in-Charge	

/

Remote Mobile Team Attendance/Vehicle Usage Record

									Team No.
Employee ID Number	Surname			Initials	Pay W	eek ending	Work Classific	ation	
					$ \cdot $	1			
			Day of I	Departure	Day of	Return			
	HOUBIN BATE	MAVAIPAIT			<u> </u>				
	HOURLY RATE		/	/	/	1			
		HOURS WORKED	Time	Subtotal	Time	Subtotal			
									
		Finish	:] :	:	:			•
		Start	:		:				
		Finish	•	-					
		Fillisti			•	:			
		Start	:		:	-			
		Subtotal					Total hours	:	
		Subtotal							
					 				
	DAU V DATE DA	MARTIT N. I. C. I. I.					Total days		:
	DAILY RATE PA	YMENT - Number of complete day	's absence (Da	ay of departure a	and day or return	excluded)	Total days		
									
	VEHICLE USAG	SE (Where appropriate)		Odometer	Recordings				
			At Time	of Departure	At Time of	Doturn			
			At IIIII	OI Departure	At Tillie Of	Letati			
							Total km		
					l .				
		0			lovii.				
Employee's certification I certify that the attendance and tra	vel details on this form are correct.	Supervisor's report Authorised for payment.			Office use only	- total hours and to	tal km to be entered		
•					Input by:	· · ·		Verified by:	
					ŀ				
					Sig	nature	′ ′	Signature	
		Signature		1					
Signature		o ignature		ı					