

GENERAL RETURN

OF

OFFICER-IN-CHARGE

MOBILE POLLING TEAM

(ELECTORAL VISITOR)

I certify this return is correct.

Signature of Team Leader

/

/

Signature of Witness

/

/

Signature of Witness

/

/

Appointment of Substitute Team Leader

To:

You are appointed to act as Substitute Team Leader whilst I am temporarily absent from the polling place.

During my absence you are to be deemed to be Team Leader and may exercise all the powers of the position.

Signature of Team Leader

/ /

I acknowledge receipt of the above appointment.

Signature

/ /

Witness

/ /

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

Team No.

Table 26

Day & Date	Polling Place	Venue	Hours	Remarks (inc. Contact)

Report / Variation to Itinerary Details

Detail any of the following:

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.

[illegible]

Record of Ballot Box and Security Seal Numbers

			Commencement of Polling		Conclusion of Polling
Polling place No.	Ballot box No.	No. of First Security Seal attached for each ballot box	<div>IF Fresh ballot box</div> <div><ul style="list-style-type: none">Produce the empty ballot box to be used;display the empty ballot box;attach plastic security seals to the ends of the ballot box</div> <div>OR</div> <div>IF Used ballot box</div> <div><ul style="list-style-type: none">Examine and verify the security seals;remove the seal through the handle only to allow uncovering of the voting slot.</div>	No. of Second Security Seal attached at close of Poll	<div><ul style="list-style-type: none">Cover the voting slot;attach security seal through the handle so that the ballot box is completely closed and the slot cannot be uncovered without breaking the seal.</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>
			<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>		<div>(Team Leader) _____</div> <div>(Witness) _____</div> <div>(Witness) _____</div>

Worksheet for House of Representatives Ballot Papers

A - (B + C + D) - E

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)	Discarded by Ordinary Voters (G)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL FOR THE TEAM			(B)	(C)	(D)	(E)	(F)	(G)

● (C) Declaration includes Absent and Provisional Votes.

Discarded declaration ballot paper figure DO NOT TRANSFER THIS FIGURE

21	No. of ballot papers actually received from DRO	
22	Total adjustments (±)	
23	No. of ballot papers to be accounted for	

Worksheet for House of Representatives Ballot Papers

A - (B + C + D) = E

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)	Discarded by Ordinary Voters (G)
1	Campbell Hosp.	500	435	9	1	55		2
2	Ex-Service Home	435	354	5	3	73		—
3	Oganam Villa	354	257	6	2	89		1
4	Maranoa Vlge	257	162	15	7	73		—
5	Cedars Nrsq H.	162	107	4	2	49		—
6	Aruma Home	107	43	8	3	53	+200	—
7	Argyle Rest Home	243	209	5	—	29		—
8	Lima Nrsq Home	209	163	1	1	42		—
9	Melrose House	163	122	2	—	39		1
10	Calvary Hosp.	122	80	5	3	34		—
11								
12	Note: If extra ballot papers are received (see 6 above or, some ballot papers are given to another mobile team the "On hand at start of poll (A)" figure must be adjusted accordingly.							
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL FOR THE TEAM			80 (B)	60 (C)	22 (D)	536 (E)	+200 (F)	4 (G)

*(C) Declaration includes Absent and Provisional Votes.

Discarded declaration ballot paper figure

1

DO NOT TRANSFER THIS FIGURE

21	No. of ballot papers actually received from DRO	500
22	Total adjustments (±)	+200
23	No. of ballot papers to be accounted for	700

Team No.

Summary of Declaration Envelopes by Division

- Record the number of:
- Absent-votes for other divisions
 - Provisional 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		

	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	
44	Shortland	
45	Sydney	
46	Throsby	
47	Warringah	
48	Watson	
49	Wentworth	
50	Werriwa	
TOTAL		

House of Representatives — OIC Result of Count

Polling Place Name:
Polling Place Address:
Division:
State:
Estimated Votes:

Senate — OIC Result of Count

Polling Place Name:
Polling Place Address:
Division:
State:
Estimated Votes:

Reconciliation of Ballot Papers

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

HOUSE OF REPRESENTATIVES

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

Record of Postal Vote Certificates Handed In

1.

Record the details of each Postal Vote Certificate Envelope handed to you -completed certificates in Table A and cancelled certificates in Table B.
2.

Write on each Postal Vote Certificate Envelope the words “Received by me at Polling Place”, then sign and date it.
3.

Cancelled certificates include those certificate envelopes and ballot papers NOT completed by the elector.
4.

If no certificates are received TICK the relevant box(es) BELOW.

RECORD OF COMPLETED CERTIFICATES

A	Surname	First given name and other Initials	Electors enrolled	Division
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

There were no completed certificates handed in ☐

RECORD OF CANCELLED CERTIFICATES

B	Surname	First given name and other Initials	Electors enrolled	Division
1				
2				
3				
4				
5				

There were no cancelled certificates handed in ☐

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 / /	
Staff Report		

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

Record of Expenses

Date	Goods or Services	Supplier and Address	Cost	Mode of payment (cash or purchase order)
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
//				
//				
/ /				
/ /				
/ /				
/ /				
/ /				
Total				

Attendance / Mileage Record

Team No.

ELECTORAL VISITOR ATTENDANCE/VEHICLE USAGE RECORD

Employee ID Number

Surname

Initials

Pay Week ending

/

/

Work Classification

HOURS WORKED	Thursday		Friday		Saturday		Sunday		Monday		Tuesday		Wednesday		Total
	Time	Subtotal	Time	Subtotal	Time	Subtotal	Time	Subtotal	Time	Subtotal	Time	Subtotal	Time	Subtotal	
Finish	.				:	:	:	:	:	:	:	:	:	:	
Start	:				:	:	:	:	:	:	:	:	:	:	
Finish	:		:		:	:	:	:	:	:	:	:	:	:	
Start	:		:		:	:	:	:	:	:	:	:	:	:	
Subtotal						:		:		:		:		:	:
HOSPITAL OR INSTITUTION VISITED															

DISTANCE	Odometer	Subtotal	Odometer	Subtotal	Odometer	Subtotal	Odometer	Subtotal	Odometer	Subtotal	Odometer	Subtotal	Odometer	Subtotal	Total
Finish															
Start															
Finish															
Start															
Subtotal															

Employee's certification
I certify that the attendance and travel details on this form are correct

Supervisor's report
Authorised for payment.

Signature

/

I

Signature

/

I

Office use only - total hours and total km to be entered

Input by:

Signature

/

/

Verified by:

Signature

/

/