



Solomon Islands Electoral Office
Vavaya Ridge, P.O. Box 1500, Honiara,
Solomon Islands

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POLLING OFFICIALS APPLICATION FORM

<p>Completed applications should be returned to:</p> <p>1. For Provinces: Returning Officer or Election Manager (at your Provincial Government office/ Constituency)</p> <p>2. For Honiara: Office of the Election Manager or Returning Officer</p>	<p>Women are encouraged to apply</p>
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Position applied (Please Tick)	<input type="checkbox"/> Presiding Officer <input type="checkbox"/> Polling Assistant <input type="checkbox"/> Queue Manager
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Constituency/Polling Station	
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Instructions – Please provide the following information required. Failure to complete this form can disqualify your application from further consideration. Complete applications should be returned to the Returning Officer at your Provincial Government Office/ Constituency

1. PERSONAL DETAILS

Family Name:	
Given Names:	
Village/usual place of residence	
Postal Address	
Province & ward	
Male/ Female (Please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	____ // ____ // ____ (dd/mm/yyyy)
Occupation or Community role (if any)	

2. CONTACT DETAILS

Current Address:	
Home;	
Email Address:	

3. OTHER INFORMATION	
In which Constituency are you registered?	
Voter Registration ID Number:	
In which polling station are you interested in working?	Polling Station _____
Have you been worked or engage as Polling Officer in past National General Election or bye Elections? (Please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes (When and which constituency did you work)	
Have you ever had any experience (including unpaid or community work) that might help you in working for the Solomon Islands Electoral commission? _____ _____ _____ _____ _____ _____	
4. PERSONAL HEALTH INFORMATION. (polling officials will be required wear PPE s during the Polling day if there is any case of covid19 in the Country)	
Do you experience shortness of breath, heart disease / or having symptoms or asthmatic history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you mentally and medically fit to work on the polling day- if there is an outbreak of covid19/Coroner Virus?	Yes <input type="checkbox"/> No. <input type="checkbox"/>

5. REFEREE CONTACT DETAILS

Referee 1		Referee 2
Name:		
Title:		
Organization:		
Address:		
Phone		
Email:		

6. DECLARATION:

I hereby declare that all information made in this application form are true, complete and correct to the best of my knowledge and belief.

Signature: _____

(Type name if submitting Electronically)

Date: _____