



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

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ELECTION OFFICIALS APPLICATION FORM

Completed applications should be returned to:

1. Solomon Islands Electoral Office at Vavaya Ridge opposite the National Parliament

Women, men and anyone who believes they can do the work and meet the minimum criteria are encouraged to apply

A. POSITIONS APPLIED FOR.		
Paripao Ward (Check with the electoral office for Ward may change)	Constituency: Northeast Guadalcanal	
	Ward Paripao	
	Area / PS 1.	
	Area / PS 2.	
Area / PS 3.		
Position applied for- maximum 3 (Please list in order of preference – 1 being highest; 3 being last choice)	Positions	Vacancy Reference No
	Returning Officer (Ward)	SIEO/09/25
	Assistant Returning Officers	SIEO/11/25
Instructions – You are required to respond to every section on the application form which also includes CV information. Failure to complete this form can disqualify your application from further consideration. Complete applications, and relevant documents should be submitted to your Provincial/ HCC Election Administration Office.		
B. PERSONAL DETAILS		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First Name:		
Middle Names:		
Surname:		
Male/ Female (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	_____//_____//_____ (dd/mm/yyyy)	
Place of Birth		
Religion (Denomination)		
Village / Place of Origin		
Province, Constituency, & Ward of Origin		
Postal Address		
Current Place of Residence	Village or Area	
	Constituency / Ward	

	Province	
C. CONTACT DETAILS		
Phone / Mobile Number		
Back-up Mobile Number		
Email Address		
D. OTHER RELEVANT INFORMATION		
Voter Registration ID Number:		
Do you suffer from a disability, chronic illness, allergies, or health issues? E.g. Sugar or high blood pressure issues? Seeing issues? Hearing issues? gout? mobility issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please explain	
Are you mentally and medically fit to fully mobilise, support, and complete your selected role/s as required by your supervisor (possibly more than 10 hrs in a day)	Some polling positions are physically challenging, please tick yes/no to the following:	
	Yes	No
		Conditions / situations
		Can you walk 5km or more up / down hill carrying heavy boxes
		Travel by open or rough sea for more than 3hrs
		Do you work well under busy and stressful environments
		In a polling position, are you willing to make quick decisions to protect the safety of yourself, others, and election materials
		FEMALES ONLY
		To protect the safety of yourself and child, will you be more than 6mths pregnant on election day
Are you presently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please state your occupation and employer	
E. ELECTION EXPERIENCE		
Have you worked or engaged as a Polling Official in the past National General Election, Provincial Assembly, Honiara City Council Elections or any by-Elections? (Please tick, if yes complete table)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Year	Constituency
		Position (full name of position)
Have you ever had any experience (including volunteer or community work) that might help you in working for the Solomon Islands Electoral Commission?		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Have police charges ever been raised against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please explain
F. EDUCATIONAL LEVEL	
Please select your highest level of education	
<input type="checkbox"/> Informal Education	<input type="checkbox"/> Primary School
<input type="checkbox"/> Form 7	<input type="checkbox"/> Vocational
<input type="checkbox"/> Degree / higher	<input type="checkbox"/> Masters / higher
<input type="checkbox"/> Form-1-3	<input type="checkbox"/> Certificate
<input type="checkbox"/> Form 4-6	<input type="checkbox"/> Diploma
G. DISCLOSURE FOR CONFLICT OF INTEREST	
I declare that I am related to but not influenced by a family member of:	
<input type="checkbox"/> SIEO or SIEC Staff Member	<input type="checkbox"/> Party Official
<input type="checkbox"/> Provincial Assembly Member	<input type="checkbox"/> Intending Candidate
<input type="checkbox"/> HCC Councilors	<input type="checkbox"/> None
<input type="checkbox"/> Member of Parliament	<input type="checkbox"/> Temporary Election Officers
Have you been an office bearer of a political party or any entity or group with political aims during the last 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently providing any Service or conducting any business with the Solomon Islands Electoral Office in terms of procurement and supply chain management requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any question in the section please give details	
H. REFEREE CONTACT DETAILS	
REFeree 1	REFeree 2
Name:	Name:
Title:	Title:
Organization:	Organization:
Address:	Address:
Phone	Phone
Email:	Email:

I. DECLARATION

I hereby declare that all information in this application form is true, complete, and correct to the best of my knowledge and belief, and I have in no way misled the selection team,

Signature: _____

(Type name if submitting Electronically)

Date: _____

Tick the box to confirm required documents to make your application complete are attached in the following order:

- Highest level education certificate
- Curriculum Vitae (CV)
- Cover Letter Response to position key selection
Criteria (Election Manger, Returning Officer, Assistant
Returning Officers Positions)
- 2 written references not more than 12mths old