



Proxy Vote Application Form

Name and Address:

Elector No (if known):

Please give your contact telephone numbers:

Home:

Work:

Mobile:

For how long do you want your proxy vote?

a) Until further notice:-

b) For the election on the following date:-

Day

Month

Year

c) For elections between the following dates:-

Day

Month

Year

and

Day

Month

Year

At which elections do you want your proxy vote?

All types of election

Local elections only

Parliamentary elections only

Your
Proxy
Details

Surname:..... Forenames:.....

Address:.....

Post Code:..... Relationship to you (if any):.....

NOW PLEASE COMPLETE THE BACK OF THIS FORM

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly **within the borders** of the boxes, using a **black pen**.

Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.

Today's Date:/...../.....

1 Reason for your application

Please complete whichever part of this section applies to you. If you are applying just for one election you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance. For other reasons you will need to get someone to support your application.

2 One election only

I am unable to attend my polling station at the election indicated because:

(Please state the reason eg "I am away on holiday" etc. You do not need anyone to support your application.)

3 Physical Incapacity

Either: (i) I am registered as blind by the _____ Council.

Or: (ii) I receive the higher rate of the mobility component of the disability living allowance because of a physical incapacity which is:

(Please state the nature of your incapacity)

Or: (iii) I suffer from a physical incapacity, which is:

(Please state the nature of your incapacity)

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please tick this box.

Declaration in Support

If you filled in Sections 3 (i) or (ii) you do not need anyone to support your application.

Section iii supporters should complete the declaration below.

To the best of my knowledge and belief, the applicant is suffering from the incapacity stated and is not able to go to the polling station or vote there unaided. This is likely to continue indefinitely or until _____

Signed _____ Name _____ Date _____

Address _____ *Qualification/*Position _____

If the applicant does not live in residential care/sheltered accommodation, the declaration must be made by a medical practitioner/registered nurse/health professional or representative or a Christian Science practitioner.

If the applicant does live in a residential care home/sheltered accommodation, the declaration can be signed by a resident warden person registered as running that home under Part 1 of the Registered Homes Act 1984 or a person in charge of local authority accommodation.

4 Employment Reasons

*I am/*my spouse/*civil partner is *employed by/*attending an educational course at _____ as a : (describe job) _____ tick box if self-employed .

I cannot reasonably be expected to go to my polling station at elections because

(Please give reason)

Declaration in Support

I certify that to the best of my knowledge and belief the above statement is true.

Signed _____ Name _____ Date _____

Address _____ Position _____

** This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years of age or over, and is not related to the applicant.*