



## Application to vote by Proxy

(Only one form to be completed by each person)

It is important that you read the notes carefully before completing this form. If more forms are needed or you need help filling in this form please phone 304866 or 304936.

Please write in **BLACK INK** and **BLOCK CAPITALS**

### 1. Your Name -

Surname \_\_\_\_\_ First Names \_\_\_\_\_  
(in full)

Daytime or mobile telephone number (optional) \_\_\_\_\_

### 2. Your Address (where you are registered to vote) -

Full address including flat name or number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

### 3. How long?

I want to vote by proxy at all elections:  tick box if appropriate

Or for the election to be held on \_\_\_\_\_

Or at elections held between \_\_\_\_\_ and \_\_\_\_\_

### 4. About your Proxy -

Surname \_\_\_\_\_ First Names \_\_\_\_\_  
(in full)

Relationship to you (if any) \_\_\_\_\_

Full address including flat name or number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tick this box if you think your proxy may not be able to vote on your behalf at your polling station and may wish to apply for a postal vote

### 5. Your date of birth -

Please complete ALL 8 boxes IN BLACK INK

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### 6. Your signature and declaration -

Please sign inside the box IN BLACK INK

I confirm that the details on this form are true and accurate, and that the person named above is willing and able to act as my proxy.

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### 7. Date of signing -

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8. **Why are you applying?** Please complete ONE part which applies to you ( A, B, C, D, E or F), including the other signatures where needed.

### A Disability.

I suffer from a disability, which is \_\_\_\_\_

**Declaration in support:** I confirm that to the best of my knowledge and belief the applicant is suffering from the incapacity stated above (for which I am treating him/her) (for which he/she is receiving care from me); that he/she cannot be reasonably be expected to go in person to his/her polling station or to vote unaided there; and that the incapacity is likely to continue (indefinitely) (for the period specified overleaf).

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Qualification\* \_\_\_\_\_

\* This declaration must be made by a registered medical practitioner, nurse, dentist, optician, optometrist, pharmaceutical chemist, osteopath, chiropractor, Christian science practitioner, or psychologist.

### B Residential care and Sheltered Housing

If the address at which you are registered to vote is a residential care home or sheltered housing accommodation, please tick the box

#### Declaration in Support

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position\* \_\_\_\_\_

A person is entitled to make this declaration who is a resident warden of sheltered accommodation, or person registered under Part 2 of the Care Homes Act 2000 as carrying on a residential care home or a Manager within the meaning of section 145(1) of the Mental Health Act 1983 or a registered social worker under section 56 of the Care Standards Act 2000.

### C Blind persons

I am registered as a blind person by the \_\_\_\_\_ Council.

### D Employed or attending an educational course

\*I am employed by \_\_\_\_\_ or

\*I am attending an educational course at \_\_\_\_\_

\*(cross out whichever does not apply)

Describe job or type of course \_\_\_\_\_

And I cannot reasonably be expected to go to my polling station to vote because (give reason):

**Declaration in support:** I confirm to the best of my knowledge and belief the statement above 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 establishment concerned.

## E Self employed

I am self employed as \_\_\_\_\_

And cannot be expected to go to my polling station to vote because: \_\_\_\_\_

## Declaration in support

I am 18 or over, know the applicant and certify that to the best of my knowledge and belief the statement above is true. I am not related to him/her.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

## F Journey by sea or air

I cannot reasonably be expected to go to my polling station to vote because it would involve a journey by sea or by air.

(tick box if this applies)

## Important Information

- Make sure you complete all sections of the form and supply your date of birth and signature. If you are unable to provide a signature, or you are unable to sign in a consistent way because of any disability, or you are unable to read or write, in these circumstances it may be possible to grant an exemption.
- Ensure that your selected proxy is willing and capable to act as proxy for you.
- Return your application form as soon as possible to The Electoral Registration Service, Civic Centre, Plymouth PL1 2EW.
- The deadline for the return of proxy application forms is 6 working days before polling day.

What happens after I have returned this form?

1. When an election is going to be held, your proxy will receive notification as to the polling station that he or she must attend to cast a vote on your behalf.
2. This notification will be sent approximately 5 working days before polling day and will contain details of the voting procedure.

For further information contact:

- X Telephone Helpline: 01752 304866 or 304936
- X E-mail: [ero@plymouth.gov.uk](mailto:ero@plymouth.gov.uk)
- X Or visit our website: [www.plymouth.gov.uk](http://www.plymouth.gov.uk)

Application forms are available in other languages and formats. Please ring the helpline given above.

Issued by: Electoral Registration Service, Plymouth City Council, Civic Centre, Plymouth PL1 2AA