



PROXY VOTE APPLICATION

Name:

Address:

Elector No:

Please give your contact telephone numbers:

Home:

Work:

Mobile:

I wish to have a proxy vote: *(please select one option)*

for all types of election

for the election / referendum to be held on _____

for the period _____ to _____

About Your Proxy

Surname: _____ Forenames: _____

Address: _____

Post Code: _____ Relationship to you *(if any)*: _____

I confirm that I have asked the person I have named as my proxy and that he or she is willing and able to vote on my behalf

Please ensure that you have completed all relevant sections, on both sides of this form, correctly and then return it to:

Electoral Registration Officer
Council Offices
London Road
Saffron Walden
Essex
CB11 4ER

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01799 510431/432/434

Your date of birth and declaration

Declaration: As far I know the details on this form are true and accurate. I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to 2 years and/or a fine.

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**.

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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

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 1A below) 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 (Parts 1B (i) and (ii)). For other reasons you will need to get someone to support your application.

1A. One election only

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

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

1B. Physical incapacity

Either: (i) I am registered as a blind person by _____ 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 1B (i) or (ii) you do not need anyone to support your application.

I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue *indefinitely*/for the period specified overleaf.

Signed _____ **Name** _____ **Date** _____

Address _____ ***Qualification/*Position** _____

*If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a registered medical practitioner, a registered nurse, a registered health professional, a registered social worker or a registered mental health manager or their representative.

If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.

1C. Occupation or employment

*I am/*my spouse 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 _____ **Print 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.