

EMERGENCY APPLICATION TO VOTE BY PROXY
Due to MEDICAL reasons (SIGNATURE WAIVER)

Only ONE person per form please. If more forms are required or if you need help filling in this form, please telephone (01224) 664848.

Please write in BLACK INK and use BLOCK LETTERS.

1. Address where you are registered to vote

.....
.....
.....
.....

Relationship to you (if any)

.....

2. About you

First name(s) (in full)

.....

Surname

.....

Daytime or mobile telephone and e-mail (in case of query only)

.....
.....

Daytime or mobile telephone and e-mail (in case of query only)

.....

3. Reason for application

Please give details of your physical incapacity:

.....
.....

Please give the date and time this happened:

.....

4. Proxy vote for which elections?

Day

Month

Year

5. Name and address of appointed proxy

First name(s) (in full)

.....

Surname

.....

Address

.....

.....

6. Your date of birth

Using the format DD MM YYYY enter your date of birth in the boxes below, eg if your birthday is 2nd July 1977 enter **02 07 1977**.

D D

M M

Y Y Y Y

Please use BLACK ink

Why can you not provide a signature?

.....
.....
.....

Name of person assisting you (PLEASE PRINT)

.....

Address of person assisting you

.....

.....

Signature of person assisting you

.....

Today's Date / /

.....

Continued Over/...

7. Declaration in support

See the notes for the qualified persons able to support your application.

I confirm that to the best of my knowledge and belief, the applicant is suffering from the disability stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. The applicant is receiving treatment or care from me for the disability stated.

To the best of my knowledge and belief, the date the applicant became disabled was

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Day

--	--

Month

--	--	--	--

Year

Supporter's full name

Supporter's address

Supporter's qualification

Supporter's signature

Today's date

HELPFUL INFORMATION

This form is for electors who cannot provide a consistent signature and cannot be reasonably expected to vote in person at their polling station on the day of an election due to health reasons that were not foreseen by 5pm on the sixth working day before the date of an election.

This form is a legal document and your vote may depend on it. It is an offence to provide false information. The maximum penalty is 6 months imprisonment and/or a £5,000 fine.

Please complete the form following the guidelines below.

Section 1 – Address where you are registered to vote

Enter the address where you are registered to vote.

Section 2 – About you

Enter your forename(s), surname, title and contact number (optional). You do not need to provide your telephone number or e-mail address but it could prove helpful if we need to contact you.

Section 3 – Reason for application

You must specify your reason for your application and provide the date and time that the physical incapacity occurred.

Section 4 – Proxy vote at which elections?

Enter the date of the elections for which you are applying.

Section 5 – name and address of appointed proxy

Enter your proxy's name, address and relationship (if any).

Not everyone is allowed to vote as proxy. Your proxy must:

- Be a registered elector and eligible to vote in the type of election concerned.
- Not have agreed to act as proxy for more than two electors including you. They are however allowed to act as proxy for any number of their relatives (spouse or civil partner), parents, grandparents, brothers, sisters, children or grandchildren.

We ask for your proxy's telephone and email contact details so that we can contact them direct if we need to.

Section 6 – your date of birth

Please give your date of birth in the DD MM YYYY boxes and the reason why you cannot sign the form, the name and address of the person assisting you and today's date.

Applications for an emergency proxy vote can only be made BETWEEN 5pm on the SIXTH working day before the date of an election and 5pm on the date of an election. They must be received by the Electoral Registration Office during this time period.

Part 7 – Supporter's declaration

You need someone who meets the following criteria to support your application.

The supporter may be one of the following:-

- A registered doctor, nurse, dentist, dispensing optician, optometrist, pharmacist, osteopath, chiropractor, arts therapist, biomedical scientist, chiropodist/podiatrist, clinical scientist, dietician, hearing aid dispenser, occupational therapist, operating department practitioner, orthoptist, paramedic, physiotherapist, psychologist, prosthetist, orthotist, radiographer, speech and language therapist or a Christian Science practitioner

who must be treating you for your disability.

Or, the supporter may be:-

- The person managing a care home service where you live that is registered under Part 5 of the Public Services Reform (Scotland) Act 2010.
- The resident warden for premises where you live that are provided for pensioners or disabled residents.
- a manager (or a person on behalf of a manager) within the meaning of Section 329 of the Mental Health Care and Treatment (Scotland) Act 2003 responsible for the administration of a hospital.
- a social worker registered in accordance with Section 44 of the Registration of Care (Scotland) Act 2001

who is providing you with care due to your disability.

If you need further help, please contact us on the telephone number noted below.

**Grampian Electoral Registration Office
Woodhill House, Westburn Road,
Aberdeen AB16 5GE**

ENQUIRIES ~ 01224 664848

Fax : 01224 664361

E-mail : ero@grampian-ero.gov.uk

Visit our Website : www.grampian-vjb.gov.uk

Completed forms may be scanned and e-mailed to us.