

APPLICATION TO VOTE BY PROXY DUE TO A DISABILITY

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

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

2. About you

First name(s) (in full)

.....
Surname

Daytime or mobile telephone and email
(in case of query only)

.....
.....

3. For how long do you want to vote by proxy?

(a) Until further notice

(b) For elections on the following dates

Day		Month		Year	

(c) For elections between the following dates

From

Day		Month		Year	

Until

Day		Month		Year	

4. Name and address of appointed proxy

First name(s) in full

.....
Surname

.....
Address

.....
Relationship to you (if any)

.....
You may, if you wish, ask your proxy to sign.

I can confirm that I am capable of being able and willing to be appointed to vote as the applicant's proxy.

Proxy Signature

5. Reason for application

I am not able to go to the polling station on election day (***give one reason only***)

Because

(i) I am registered as a blind person by the

.....
Council

(state the council and complete Part 7)

(ii) I am disabled and receive the higher rate of the mobility component of the disability living allowance / enhanced rate of the mobility component of the personal independence payment / an Armed Forces independence payment (***please state your disability and then complete Part 7***)

(iii) I am disabled

(please state your disability)

Tick if your address is a residential care home or sheltered accommodation.

(Now ask your supporter to complete Part 6)

6. Supporter's declaration

If you filled in Part 5(iii) you need a supporter to fill in this part of the form.

See the last page for information on who can 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. This is likely to continue indefinitely/or definitely (delete as appropriate) for a period specified in Part 3 overleaf. The applicant is receiving treatment or care from me for the disability stated.

Supporter's full name

Supporter's address

Supporter's signature

Supporter's qualification

Today's date

7. Your date of birth and declaration

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf. As far as I know, the details on this form are true and accurate.

You can be fined for making a false statement on this form.

Your date of birth

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Please use BLACK ink

Your signature

Please **SIGN** in the box opposite using your usual signature – it must be within the white area and not touch the shaded outline.

Important – keep signature within the box.

If you fail to do this, this application may not be valid.

Today's Date / /

THIS FORM SHOULD BE RETURNED TO:

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

HELPFUL INFORMATION

This form is for registered electors who cannot reasonably be expected to vote in person at their polling station because of a disability. 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.

Part 1 – Address where you are registered to vote

Please give the address where you are registered. If you wish to check if you are registered, please contact us.

Part 2 – About you

Please enter your name and contact details. Contact details are optional but are helpful if we need to contact you regarding your application. They will not be used or supplied for any other purpose.

Part 3 – How long do you want a proxy vote?

Your proxy vote can be for an indefinite period, a particular election or a particular period. Please indicate your choice here.

Part 4 – Name and address of appointed proxy

If you decide to vote by proxy you must find someone suitable to agree to act for you before giving his or her name. You may if you wish get your proxy to sign the special statement on this form.

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.
- **Note that if granted a vote by proxy, you may vote in person but only if your proxy has not already voted on your behalf or has not applied for a postal vote to vote on your behalf.**

Part 5 – Reason for application

Give the reason for your application in one of the spaces provided after section (i), (ii) or (iii). If you are completing section (iii), please indicate the general nature of your disability, which makes it unreasonable for you to be expected to vote in person and make sure the Supporter's Declaration is completed (see Part 6).

You should tick the box about sheltered accommodation/residential care if you are resident in:-

- Accommodation provided or registered in terms of The Social Work (Scotland) Act 1968.
- Premises forming one of a group of premises, which are provided for persons of pensionable age or physically disabled persons, and for which there is a resident warden.

If you are not sure whether your address is one of these places please ask the person in charge.

Part 6 – Supporter’s declaration

The rules relating to proxy voting state that, unless you

- are a registered blind person,
- receive the higher rate of the mobility component of the disability living allowance,
- receive the enhanced rate of the mobility component of the personal independence payment, or
- receive an armed forces independence payment

you must find a supporter for 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.

Part 7 – Your signature/return of form

Please give your date of birth in the DD MM YYYY boxes , sign the form in the larger box and provide today’s date at the foot of Part 7.

Applications for a proxy vote must be received no later than **5.00pm** on the **SIXTH working day before the date of an election**.

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 can be scanned and e-mailed to us.