

■ 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 (0131) 344 2500.

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 e-mail
 (in case of query only)

3. FOR HOW LONG DO YOU WANT TO VOTE BY PROXY?

(a) Until further notice

(b) For election(s) on the following date

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year |

(c) For elections between the following dates

From

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year |

Until

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year |

4. PROXY VOTE FOR WHICH ELECTIONS?

All elections you are entitled to vote at

Local elections

Parliamentary elections

5. 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 and willing to be appointed to vote as the applicant's proxy.

Proxy Signature

6. REASON FOR APPLICATION

I apply to be treated as an absent voter because *(give one reason only)*

Either :

(i) I am registered as a blind person by theCouncil.

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 disability 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.

7. DECLARATION IN SUPPORT

If you filled in Sections 6(i) or (ii) you do not need anyone to support your application.

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. This is likely to continue *indefinitely/*or definitely for a period specified in Part 3 overleaf. The applicant is receiving treatment or care from me for the incapacity stated.*

Declarant's Full Name

Declarant's Address

Date of Signing

Declarant's Qualification

Declarant's Signature

8. YOUR SIGNATURE/RETURN OF FORM

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 SIGN in the box below using 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.

Dated / /

HELPFUL INFORMATION

This form is for registered electors who cannot reasonably be expected to vote in person at their polling station because of physical incapacity. This form is a legal document and your vote may depend on it.

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 the helpline given on the form.

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 – PROXY VOTE FOR WHICH ELECTIONS?

For all elections tick the first box.

PART 5 – 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 eligible to vote in the type of election concerned (he/she need not be currently registered as an elector).
- Not have agreed to act as proxy for more than two electors including you. He/she is however allowed to act as proxy for any number of his or her relatives (spouse or civil partner, parent, grandparent, brother, sister, child or grandchild).
- **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 6 – 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 physical incapacity, which makes it unreasonable for you to be expected to vote in person. You must have the Declaration in Support completed (see Part 7).

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.

Cont'd Over/

PART 7 – DECLARATION IN SUPPORT

The rules relating to proxy voting state that, unless you are a registered blind person, or receive the higher rate of the mobility component of the disability living allowance, you must find someone who is properly qualified to support your application. He/she must be one of the people listed below. If you are living in a residential care home or sheltered accommodation and you have ticked the box in Part 1, ask the matron or warden to read these notes and then to complete this declaration.

The declarant must be one of the following:-

- A doctor (registered medical practitioner), registered nurse, a registered Dentist, a registered Dispensing Optician or a registered Optometrist, a registered Pharmaceutical Chemist, a registered Osteopath, a registered Chiropractor, a Christian Science Practitioner, a Chartered Psychologist, Arts Therapists, Chiropodists, Clinical Scientists, Dieticians, Medical Laboratory Technicians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers and Speech and Language Therapists

who must be treating you or giving you care for your incapacity.

Alternatively, the declarant may be:-

The person managing a care home service registered under Part 1 of the Regulation of Care (Scotland) Act 2001, Resident warden (for sheltered accommodation), 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 within the meaning of that section or a person registered as a Social Worker in the register maintained in accordance with Section 44 of the Registration of Care (Scotland) Act.

PART 8 – YOUR SIGNATURE/RETURN OF FORM

Please give your date of birth where requested and sign the form in the box.

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.

**Electoral Registration Officer
17A South Gyle Crescent
Edinburgh EH12 9FL**

HELPLINE ~ 0131 344 2500

Fax : 0131 344 2600

E-Mail : enquiries@lothian-vjb.gov.uk

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