

Application to vote by emergency proxy based on disability

Voting by Proxy

Proxy voting means that if you aren't able to cast your vote in person, you can have someone you trust cast your vote for you.

If you have had a **medical emergency that took place after 5pm, on the sixth working day before the poll** which means that you cannot vote in person at your polling station, you can apply to vote by emergency proxy (someone else voting on your behalf). You can apply until **5pm on the day of the poll**.

This form should not be used if you have been retained in a hospital under Section 145 of the Mental Health Act 1983 in England and Wales or Section 329 of the Mental Health (Care and Treatment) (Scotland) Act 2013 in Scotland.

In Scotland you must be 16 or over on polling day to vote in local elections and elections to the Scottish Parliament. You must be 18 or over to vote in elections to the UK Parliament and European Parliament.

How do I apply to vote by Proxy?

- You must ask someone who is willing and capable to be your proxy and vote on your behalf.
- Fill in the proxy vote application form. You must give a reason why you need to vote by proxy and may need a qualified person to sign your application. See notes on page 2 for information on who can support your application.
- Make sure all sections of the form are completed and supply your date of birth and signature. This information is needed to prevent fraud. If you are unable to sign this form, please contact us.
- Return your form to
Electoral Registration Officer, 17A South Gyle Crescent, Edinburgh, EH12 9FL
Telephone: 0131 344 2500
E-mail: enquiries@lothian-vjb.gov.uk

If you are not already registered to vote, your application to register must have reached your Electoral Registration Office by **midnight, 12 working days before the poll**.

Voting as proxy

A person can only be a proxy for close relatives and up to two other people at an election or referendum.

Close relatives are the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of the applicant.

The person you wish to appoint as your proxy can only act as proxy if they are 18 or over (16 or over in Scotland at local elections and elections to the Scottish Parliament) and they are (or will be) registered for that election or referendum.

Who can support my application?

If they are giving care or treating you for the disability your application can be supported by:

- A registered medical practitioner (includes dentist, optician, pharmacist, osteopath, chiropractor or psychologist).
- A registered nurse.
- A registered health professional.

If they are giving care, treating you, or have arranged care or assistance in respect of the disability your application can be supported by:

- A registered social worker.

/...

Alternatively your application can be supported by:

- A registered mental health manager or their representative.
- The person registered as running the residential care home you live in.
- The warden of the premises you live in that are provided for people of pensionable age or disabled persons.

If you are registered blind by a local authority and your application is based on your blindness, or you are in receipt of a benefit payment (listed below) because of the disability specified in the application, then you do not need to have your application supported. You must complete part 4B or 4C.

Benefit payments:

- A higher rate of the mobility component of a disability living allowance.
- The enhanced rate of the mobility component of the person independence payment.
- An Armed Forces independence payment.

What happens after I have returned this form?

- Your proxy must go to your polling station to vote on your behalf.
- You should let your proxy know how you want them to vote on your behalf, for example, which candidate, party or outcome.
- The elections team at your council will tell your proxy when and where to vote on your behalf.

Privacy Statement

We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the data protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

Some of the information that is collected in this form is classified as special category personal data. This is processed for reason of substantial public interest as set out in Representation of the People Act 1983 and associated regulations. To process this type of information the Data Controller must have a relevant policy document that sets out how this information will be handled.

The Electoral Registration Officer is the Data Controller: **Graeme Strachan, 17A South Gyle Crescent, Edinburgh, EH12 9FL, 0131 344 2500.**

You should refer to the Privacy Notice at www.lothian-vjb.gov.uk/privacy.html for further information relating to the processing of personal data.

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Only one person can apply to vote by emergency proxy using this form.

Please write in black ink and use **BLOCK CAPITALS**. When you have completed every section and signed the form yourself, send it to the Electoral Registration Officer, 17A South Gyle Crescent, Edinburgh, EH12 9FL.

1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

Postcode

Telephone number (optional)

E-mail (optional)

Providing an e-mail and telephone number gives a quick and easy way to contact you about your application.

2 About your proxy (the person you have chosen to vote on your behalf)

Full name

Family relationship (if any)

Full address

Postcode

E-mail or telephone number (optional)

3 At which election(s) and referendum(s) do you want a proxy vote?

I want to vote by proxy at the election(s) and referendum(s) held on:

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

4 Why do you want a proxy vote?

Read the notes on the previous page and complete either A, B or C

A – I am not able to go to the polling station on polling day due to the following disability:

B – I am not able to go to the polling station on polling day due to my blindness. I am registered blind by (the following local authority):

C – I am not able to go to the polling station on polling day due to my disability for which I am in receipt of a benefit payment. Please state which of the benefit payments listed on page 2 you receive and your disability:

5 When did the disability preventing you from going to the polling station occur?

Time:

Date

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

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6 Your date of birth and declaration

Declaration: I have asked the person I have named as my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

As far as 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 two years and/or a fine.

Date of birth: please write your date of birth in the boxes below using black ink.

D	D	M	M	Y	Y	Y	Y

Signature: Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your electoral registration office.

7 Date of application

Today's Date

D	D	M	M	Y	Y	Y	Y

6 Support for this application

Read the notes to see who can support this application. Please complete either 8A, 8B, 8C or 8D on pages 5-6.

Complete **8A** if you are giving care and/or treating the disability detailed in the application, and are:

- A registered medical practitioner (including a dentist, optician, pharmacist, osteopath, chiropractor or psychologist).
- A registered nurse.
- A registered health professional.

Complete **8B** if you are giving care, treatment and/or have arranged care or assistance in respect of the disability detailed in the application and are:

- A registered social worker.

Complete **8C** if you are:

- A person registered as running a residential care home.
- The warden of premises provided for people of pensionable age or disabled persons.

Complete **8D** if you are:

- A registered mental health manager or their representative.

The application does not need to be supported if part 4B or 4C applies.

Application to vote by emergency proxy based on disability

8A If you are giving care and/or treating the disability detailed in the application, and are:

- A registered medical practitioner (including a dentist, optician, pharmacist, osteopath, chiropractor or psychologist).
- A registered nurse.
- A registered health professional.

Supporter's full name

Supporter's address

Postcode	

E-mail or telephone number (optional)

Supporter's qualification

Declaration

- I am providing care and/or treating the applicant for the disability specified in the application.
- To the best of my knowledge and belief:
 - The applicant has the disability specified in the application and cannot reasonably be expected to go to their polling station on polling day or to vote there unaided do to that disability.
 - The disability specified in the application is likely to continue until after the date of the poll.
 - The applicant became disabled on:

<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

Supporter's Signature

Today's Date

<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

8B If you are a registered social worker giving care, treatment and/or have arranged care or assistance in respect of the disability detailed in the application

Supporter's full name

Supporter's address

Postcode	

E-mail or telephone number (optional)

Supporter's qualification

Declaration

- I am providing care and/or treating the applicant, or have arranged care or assistance for the applicant, for the disability specified in the application.
- To the best of my knowledge and belief:
 - The applicant has the disability specified in the application and cannot reasonably be expected to go to their polling station on polling day or to vote there unaided do to that disability.
 - The disability specified in the application is likely to continue until after the date of the poll.
 - The applicant became disabled on:

<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

Supporter's Signature

Today's Date

<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

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8C If you are a person registered as running a residential care home, or the warden of premises provided for people of pensionable age or disabled persons

Supporter's full name

Supporter's address

Postcode	

E-mail or telephone number (optional)

Supporter's qualification

Declaration

- To the best of my knowledge and belief:
 - The applicant has the disability specified in the application and cannot reasonably be expected to go to their polling station on polling day or to vote there unaided do to that disability.
 - The disability specified in the application is likely to continue until after the date of the poll.
 - The applicant became disabled on:

D	D

M	M

Y	Y	Y	Y

Supporter's Signature

Today's Date

D	D

M	M

Y	Y	Y	Y

8D If you are a registered mental health manager or their representative

Supporter's full name

E-mail or telephone number (optional)

Supporter's position at the hospital where the applicant is receiving treatment

Declaration

- I am authorised to support this application.
- To the best of my knowledge and belief:
 - The applicant has the disability specified in the application and cannot reasonably be expected to go to their polling station on polling day or to vote there unaided do to that disability.
 - The disability specified in the application is likely to continue until after the date of the poll.
 - The applicant became disabled on:

D	D

M	M

Y	Y	Y	Y

Supporter's Signature

Today's Date

D	D

M	M

Y	Y	Y	Y