

Application to vote by 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.

You can use this form to apply to vote by proxy if you can't vote in person due to a disability.

This form should not be used if you have been detained 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 2003 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 UK Parliament elections.

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 complete and supply your date of birth and signature. You need to give your date of birth and signature on this application form. 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.

Your application form must arrive at the electoral registration office by **5pm, 11 working days before the poll** when changing or cancelling an existing proxy, postal or postal proxy vote and by **5pm, 6 working days before the poll** when applying for a new proxy vote.

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.

Cont'd Over/...

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 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 personal 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. If your proxy cannot get to the polling station, they can apply to vote for you by post. They can apply to do this by **5pm, 11 working days before the poll**. They can contact the electoral registration office for more details and to request a further application form. For contact details, go to yourvotematters.co.uk.
- Your proxy will be sent a proxy poll letter, telling them where and when 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. If it turns out that you are able to go to the polling station on polling day, you can vote in person as long as your proxy has not already done so or has not applied to vote for you by post.

Privacy Statement

We collect information under the legal basis of a task carried out in the public interest, as set out in the Representation of the People Act 1983 and related regulations. We will look after personal information securely and follow data protection legislation.

If you opted-out of the open register we will only use the information you give us for electoral purposes, including matching it against other sources of data to support the electoral register. We will not give personal information to anyone else, unless we have to by law. The law requires us to share your information with candidates, political parties and campaigners for democratic engagement purposes and credit reference agencies to check your identity when you apply for credit.

If you have not opted-out of the open register your name and address can be bought by anyone and used for lots of purposes, including direct marketing.

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

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

Application to vote by proxy based on disability

Only one person can apply to vote by 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 HOW LONG DO YOU WANT A PROXY VOTE FOR?

I want to vote by proxy (tick one box only)

until further notice (permanent proxy vote)

for the period

from

to

4 WHY DO YOU WANT TO VOTE BY PROXY

Read the notes on the previous pages 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 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 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.

6 DATE OF APPLICATION

Today's Date

D	D	M	M	Y	Y	Y	Y

7 Support for this application

Read the notes to see who can support this application. Please complete either 7A, 7B, 7C or 7D:

Complete **7A** 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 **7B** 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 **7C** 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 **7D** 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 proxy based on disability

7A 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	<input type="text"/>
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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 due to that disability.
 - The disability specified in the application is likely to continue indefinitely or until:

<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

7B 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	<input type="text"/>
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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 due to that disability.
 - The disability specified in the application is likely to continue indefinitely or until:

<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

Application to vote by proxy based on disability

7C 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	<input type="text"/>
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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 due to that disability.
 - The disability specified in the application is likely to continue indefinitely or until:

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

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

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

Supporter's signature

Today's Date

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

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

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

7D 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 due to that disability.
 - The disability specified in the application is likely to continue indefinitely or until:

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

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

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

Supporter's signature

Today's Date

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

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

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