

**Application Form to Vote by Proxy for a definite or indefinite period**

Please complete all sections – INCLUDING THOSE RELEVANT OVERLEAF - in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Municipal Buildings, Glossop, Derbyshire, SK13 8AF. If you need help filling in this form please phone **0845 129 7777**.

**Address where you are registered to vote**

**Who do you want to vote on your behalf?**

Name (in full)

Address

Relationship to you (if any)

**About you**

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

**Proxy vote for which elections?**

All elections you are entitled to vote at

Local elections

Parliamentary elections

**For how long do you want a proxy vote?**

Until further notice

For election(s) on:

Day

Month

Year

For election(s) until:

Day

Month

Year

**Your Date of Birth**

Day

Month

Year

**Your Declaration**

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy.

**Sign within the border using BLACK INK**

[Large empty box for signature]

I cannot supply a signature because

**Date:**

If you asked someone to help you complete this form, please attach their name and address.

**Reason for this application**

**Proxy's Declaration (optional)**

I am capable and willing to be appointed to vote as the applicant's proxy.

**Signature:**

**Date:**

For office use only

**Supporting information - Blind or receiving higher rate Mobility Allowance**

Your application DOES NOT have to be supported by someone else if you are registered Blind or in receipt of the Higher rate Mobility Allowance. However, you must give the relevant number below:

I am Registered Blind by \_\_\_\_\_ Local Authority

and my registered number is \_\_\_\_\_

OR I am currently in receipt of the Higher rate Mobility component of a Disability Living Allowance and my allowance number is \_\_\_\_\_

You should now return the form as requested.

**Supporting declarations - disabled, mental hospital detainees or others**

**Who can support my application?**

- If you have a long term illness or disability which makes it difficult for you to vote in person. It must be supported by one of the following:  
*either a registered medical practitioner, a registered nurse, a registered dentist, a registered dispensing optician or optometrist, a registered chiropractor, a person registered under the Health Professions Order 2001 or a Christian Science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application.*
- If your job or educational course, or that of your spouse, takes you away from home for long periods (e.g. travelling salesman, long distance lorry driver). Your application must be supported by:  
*either your employer or your spouse's employer. In the case of a course then by the institution holding the course*
- If you are self-employed your supporter:  
*must be 18 or over, know you and not related to you.*

**Support for this application**

To be completed by your Supporter as fully as possible (where relevant)

Name of Supporter:

\_\_\_\_\_

Address of Supporter:

\_\_\_\_\_

\_\_\_\_\_

Capacity in which the support is made

\_\_\_\_\_

Nature of physical incapacity of elector (if relevant)

The statutory provision under which the applicant is detained (in the case of mental health patients)

\_\_\_\_\_

The job or course giving rise to this application

\_\_\_\_\_

**Supporter's declaration**  
*\* delete if not applicable*

I am properly qualified to support this application.

- \* I am treating the applicant for the disability
- \* The person is receiving care from me in respect of that disability
- \* I have arranged care or assistance for them.
- \* The applicant cannot reasonably be expected to go in person to the allotted polling station or to vote unaided there by reason of that disability.
- \* The applicant is self-employed

The information is true to the best of my knowledge and belief

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return your completed form to**  
Electoral Services  
Municipal Buildings, Glossop, Derbyshire, SK13 8AF