

<p><b>Surname:</b> .....</p> <p><b>First Name(s):</b> .....</p> <p><b>Address:</b> .....</p> <p>.....</p> <p>..... <b>Post Code:</b> .....</p>	<p><b>Elector No:</b></p> <hr/> <p><b>Please give your contact telephone numbers:</b></p> <p>Home:</p> <p>Work:</p> <p>Mobile:</p>
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**How long do you wish to have a Proxy Vote for ? (Please tick only 1 box)**

All eligible elections until further notice

**OR**

For Elections to be held on a specific date (in DD MM YYYY format):- .....

**OR**

For Elections within a specific time period of:- Date..... to Date.....

<p><b>Your Proxy Details</b></p>	<p><b>Surname:</b>..... <b>Forenames:</b>.....</p> <p><b>Address:</b>.....</p> <p>.....</p> <p><b>Post Code:</b>..... <b>Relationship to you (if any):</b>.....</p>
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**Please indicate if any of the conditions below apply, as you may not be required to provide a signature if you:**

a) Have a disability that prevents you from signing.....

b) Are unable to read or write.....

c) Are unable to sign in a consistent and distinctive way because of a disability or inability.....

<p><b>Please ensure that you have completed each section of this form correctly and then return it to:</b></p> <p><b>Electoral Shared Services</b> Bromsgrove District Council The Council House Burcot Lane Bromsgrove B60 1AA</p>	<p><b>If you have any questions regarding this form, please contact the Electoral Registration Office on:</b></p> <p style="font-size: 1.2em; text-align: center;"><b>01527 881421</b></p> <p style="text-align: center;"><a href="mailto:elections@bromsgroveandredditch.gov.uk">elections@bromsgroveandredditch.gov.uk</a></p>
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**Your Date of Birth:** Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly within the borders of the boxes, using a black pen.

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Today's Date: ...../...../.....

### Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts B (i) and (ii)). For other reasons you will need to get someone to support your application.

### A. One election only

I am unable to attend my polling station at the election indicated in Part 3 because :

(Please state the reason e.g. "I am away on holiday" etc. You do not need anyone to support your application.)

### B. Physical incapacity

Either : (i) I am registered as a blind person by the \_\_\_\_\_ Council

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 physical incapacity, 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

### Declaration in Support

**If you filled in Sections 7B (i) or (ii) you do not need anyone to support your application.**

I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue \*indefinitely/ \*for the period specified in Part 3 overleaf.

If a doctor, a registered nurse or Christian Science practitioner : the applicant is receiving treatment or care from me for the incapacity stated.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ \*Qualification/\*Position \_\_\_\_\_

*\*If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a doctor, a registered nurse or Christian Science practitioner.*

*If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.*

### C. Occupation or employment

**\*I am/\*my spouse is \*employed by/\*attending an educational course at \_\_\_\_\_**

**as a : (describe job) \_\_\_\_\_ tick box if self-employed**

**I cannot reasonably be expected to go to my polling station at elections because**

(Please give reason)

### Declaration in Support

I certify that to the best of my knowledge and belief the above statement is true.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ \*Position \_\_\_\_\_

*\* This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years of age or over, and is not related to the applicant.*

# **Notes for completing your Proxy Vote Application Form**

Please complete the above form following the guidelines below.

**Please ensure that the form is completed in BLACK INK and that you only write inside the specified boxes.**

## **About You**

Enter your name and address. Please provide a contact telephone number in case there is a query with your application

## **Which Type of Election?**

You need to decide if you wish to have a proxy vote:-

- for all elections until you tell us otherwise;
- for all elections that you already know will be held on a particular date;
- for all elections held between two dates (you may be on holiday or otherwise unable to vote in person at a polling station between these dates)

You can choose to vote by proxy at all types of elections, for parliamentary elections only, or for local elections only. If you are unsure, then we would recommend that you choose to vote at "All" elections as you may lose your vote for one type of election if multiple elections are held on the same day.

## **Your Proxy Details**

Enter the name and address of you proxy, and state their relationship to you (if any).

## **Ability to Sign**

To be eligible for a proxy vote you need to be able to sign your name in a consistent and distinctive way. If you have a disability that prevents you from doing this, please indicate this in the section provided.

## **The Reason for Your Application**

You must give a reason for your application. Depending on the reason you may need to get someone qualified to provide and complete the Declaration of Support to confirm that what you say on your application is correct.

If you are applying for just one election (Part A) for whatever reason, or if you are a registered blind person or in receipt of the higher rate of the mobility component of a disability living allowance Part B(i) or (ii), then you do not need to get anyone to support your application.

## **Date of Birth and Signature**

You must enter your date of birth in the format DD/MM/YYYY and then sign the form. **Please note that your date of birth and signature MUST be kept within the borders provided. Failure to do so will mean that this application will not be valid.**

## **How can I get in touch with you?**

If you need further help or guidance, then please contact the staff in Electoral Services

<b>Electoral Shared Services The Council House Burcot Lane Bromsgrove B60 1AA</b>	<b>Helpline: 01527 881 421</b>  <b>Email: elections@bromsgroveandredditch.gov.uk</b>  <b>Websites:  www.bromsgrove.gov.uk/elections www.redditchbc.gov.uk/elections</b>
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