

<p>Surname:</p> <p>First Name(s):</p> <p>Address:</p> <p>.....</p> <p>..... Post Code:</p>	<p>Elector No:</p> <hr/> <p>Please give your contact telephone numbers:</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>Your Proxy Details</p>	<p>Surname:..... Forenames:.....</p> <p>Address:.....</p> <p>.....</p> <p>Post Code:..... Relationship to you (if any):.....</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>Please ensure that you have completed each section of this form correctly and then return it to:</p> <p>Electoral Shared Services Bromsgrove District Council The Council House Burcot Lane Bromsgrove B60 1AA</p>	<p>If you have any questions regarding this form, please contact the Electoral Registration Office on:</p> <p style="font-size: 1.2em; text-align: center;">01527 881421</p> <p style="text-align: center;">elections@bromsgroveandredditch.gov.uk</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.*