

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

Please complete both pages - in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, Wiltshire BA14 8JN. Please provide an email or telephone number in case of query.

## 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/referendums you are entitled to vote at

If you require a proxy vote for a specific election type, ie Local only or Parliamentary Only, please contact Electoral Registration Services.

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

Until further notice

For election(s)/referendum until:

<input type="text"/>					
Day		Month		Year	

## Your Date of Birth

<input type="text"/>							
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. **The elector must sign this form within the border of the box below using BLACK INK**

I cannot supply a signature because of:

- disability
- inability to write

Date:

Tel No/Email:

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

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## 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:

**IMPORTANT** – now complete the supporting information overleaf. If blind or qualify for the specific benefit payments listed, only the first section needs to be completed. Everyone else **MUST** provide supporting details with an accompanying signature.

## Blind or receiving qualifying benefit payments

Please complete this section if any of the following are applicable to you:

I am registered Blind with ..... Local Authority and my registered number is .....

I am in receipt of the following qualifying benefits (please tick as applicable):

Tick	Benefit
	Higher rate of the mobility component of a Disability Living Allowance
	Enhanced rate of the mobility component of the personal independence payment
	An armed forces independence payment

If this section is completed, then you do not need to complete the following sections below to support your application. 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 be 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, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, Wiltshire BA14 8JN.**