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| **Application to vote by proxy in Scottish Parliament and council elections** | | | | | | |
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| Voting by proxy | | | | | | |
| Proxy voting means that if you cannot vote in person, you can have someone you trust vote on your behalf.  To vote by proxy, both you and your proxy must be registered and eligible to vote.  **This form is for Scottish Parliament and council elections:**   * A proxy can vote for close relatives and up to two other people at an election. Close relatives are the spouse, civil partner, parent, grandparent, sibling, child or grandchild of the applicant.   For more information on proxy voting and other ways to apply, visit **electoralcommission.co.uk/proxyvote**. | | | | | | |
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| How do I apply to vote by proxy? | | | | | | |
| * Ask someone who is willing and capable to be your proxy and vote on your behalf. * Fill in the proxy vote application form. Depending on why you are applying for a proxy you may need to get someone to support your application. See notes below for information on who can support your application. * Make sure all required sections of the form are complete and provide your date of birth and signature. This information is needed to prevent fraud. If you are unable to sign this form, please contact your local electoral registration office. * If your application has missing or incorrect information, your local electoral registration office will contact you. You may need to provide supporting documents and it may take longer to process your application. * **Return your form to your local electoral registration office**. You can find their details and more information at **electoralcommission.org.uk/voter**.   **Please do not return your form to the Electoral Commission.**  When applying for a new proxy vote, you must return your application form by **5pm, 6 working days before the poll**.  When changing or cancelling an existing postal, proxy or postal proxy vote, you must return your application form by **5pm, 11 working days before the poll**.  If you are not already registered to vote, you must apply to register before applying for a proxy vote. The deadline to register to vote is **midnight, 12 working days before the poll**. For more information about registration, speak to your local electoral registration office. Register to vote online at **gov.uk/register-to-vote**. | | | | | | |
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| What happens after I have returned this form? | | | | | | |
| * Your local electoral registration office will confirm if your application has been accepted or rejected. * Your proxy will be sent a proxy poll card, telling them where and when to vote on your behalf. * You must let your proxy know how you want them to vote on your behalf, for example, which candidate, party or outcome. * 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 on your behalf by post. They can apply to do this until **5pm, 11 working days before the poll**. They can contact your local electoral registration office for more details and to request a postal vote application form. For contact details, go to **electoralcommission.org.uk/voter**. * If 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 and has not applied to vote on your behalf by post. | | | | | | |
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| Privacy Statement | | | | | | |
| This privacy notice tells you what will happen to the personal information you supply with this application form.  The Electoral Registration Officer is the Data Controller for the purposes of data protection legislation. Their lawful basis for collecting the personal information is that the processing is necessary in order to perform a task in the public interest as set out in the Representation of the People Act 1983 and related regulations.  The Electoral Registration Officer is legally required to process your personal information securely and comply with data protection legislation. For further information you should refer to their privacy notice.  You can find their website address and contact details at **electoralcommission.org.uk/voter**. | | | | | | |
| Who can support my application? | | | | | | |
| **If applying based on disability, due to employment or due to attendance on an educational course, then your supporter must give their details in section 8 and complete the relevant declaration in section 10 or 11.**  **If applying due to employment:**  Your application can be supported by:   * an employer or another authorised person at the place of work (if employed) * a person who knows you and is not related to you (if self-employed)   Your supporter must be 16 or over to support your application for Scottish Parliament and council elections. They must be 18 or over to support your application for UK Parliament elections.  **If applying due to attendance on an educational course:**  Your application can be supported by:   * the director or tutor of the course * the principal or head of the educational establishment where the course is taking place * an employee of the educational establishment where the course is taking place who is authorised to support your application.   Your supporter must be 16 or over to support your application for Scottish Parliament and council elections. They must be 18 or over to support your application for UK Parliament elections.  **If applying based on disability**:  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.   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:   * the manager, or their authorised representative, at the registered hospital where you are being treated * the person registered as running the residential care home you live in * the warden of the premises you live in 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,  you do not need to have your application supported. You must complete part 7B.  If 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 7C.  Benefit payments include:   * 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   If you have been detained in hospital under the civil sections of the Mental Health Act 1983,  you must complete part 7D. Your application must be supported by:   * the manager of the registered hospital at which you are detained, or their authorised representative. | | | | | | |
| **Application to vote by proxy in Scottish Parliament and council elections** | | | | | | |
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| Only one person can apply to vote by proxy using this form | | | | | | |
| Please write in black ink and use CAPITAL LETTERS. When you have completed the form, send it to your local electoral registration office: CSVJB, Ground Floor Right, Glendevon House, The Castle Business Park, Stirling, FK9 4TZ. | | | | | | |
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| 1 | About you | |  | 3 | | How long do you want a proxy vote for? |
| Surname   |  | | --- | |  |   First name(s) (in full)   |  | | --- | |  |   UK registration address (the address where  you are registered to vote in the UK)   |  | | --- | |  |   Phone number (optional)   |  | | --- | |  |   Email (optional)   |  | | --- | |  | | | |  | I want to vote by proxy (tick one box only):   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | until further notice (permanent proxy vote) | | | | | | | | | | | |  | |  | for the Scottish Parliament/council elections to be held on | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | for the period | | | | | | | | | | | |  | from |  |  |  |  |  |  |  |  |  |  | | |  |  | D | D |  | M | M |  | Y | Y | Y | Y | | |  | to |  |  |  |  |  |  |  |  |  |  | | |  |  | D | D |  | M | M |  | Y | Y | Y | Y | | | | |
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| 4 | | 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.   |  | | --- | |  | | | |
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| 2 | Who do you want to be your proxy? | |  |
| Full name   |  | | --- | |  |   Family relationship (if any)   |  | | --- | |  |   Full address   |  | | --- | |  | |  | |  | | Postcode |   Email or phone number (optional)   |  | | --- | |  | | | |  |
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|  | If you are unable to sign this form, please contact your local electoral registration office. | | |
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|  | 5 | | Date of application |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Today’s date |  |  |  |  |  |  |  |  |  |  | | D | D |  | M | M |  | Y | Y | Y | Y | | | |
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| 6 | Why do you want a proxy vote? | | | | | |
| Please tick one box only.   |  |  | | --- | --- | |  | To vote by proxy at the Scottish Parliament/council election(s) you are eligible to vote in to be held on a particular day. (you do not need to fill out any later sections) |  |  |  | | --- | --- | |  | To vote by proxy if your employment or your spouse or civil partner’s employment means that you cannot vote in person. (Please proceed to sections 8 and 9A) |  |  |  | | --- | --- | |  | To vote by proxy if you or your spouse or civil partner will be attending an educational course that means that you cannot vote in person. (Please proceed to sections 8 and 9B) |  |  |  | | --- | --- | |  | To vote by proxy if you have a disability and cannot vote in person or if you have been detained in a hospital under the civil sections of the Mental Health Act 1983. (Please proceed to section 7) |  |  |  | | --- | --- | |  | To vote by proxy if you are registered to vote, or have applied to be registered, as an anonymous elector.  (Do not fill out later sections) |  |  |  | | --- | --- | |  | To vote by proxy if you are registered to vote, or have applied to be registered, as a Crown servant, British Council employee or a spouse or civil partner of someone who is. (Do not fill out later sections) |  |  |  | | --- | --- | |  | To vote by proxy if you are registered to vote, or have applied to be registered, as a member of the armed forces or a spouse or civil partner of someone who is. (Do not fill out later sections) |   If you selected on a particular date, due to employment or due to educational course, then please explain why you cannot go to your polling station on polling day.   |  | | --- | |  | |  | |  | | | | | | | |
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| 7 | Proxy vote based on disability | | | | | |
| Read the notes on the previous pages and complete either 7A, 7B, 7C or 7D explaining why you cannot vote in person, then if you have filled in section 7A or 7D please proceed to sections 8 and 11.  If you have filled in section 7B or 7C you do not need to fill out any further sections.  **7A** – I have the following disability:   |  | | --- | |  |   **7B** – I am registered blind by (the following local authority):   |  | | --- | |  |   **7C** – I am in receipt of a benefit payment. Please state which benefit payment, listed in the ‘Who can support my application?’ section, you receive and your disability:   |  | | --- | |  | |  |   **7D** – I have been detained at (the following hospital):   |  | | --- | |  | | | | | | | |
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| 8 | Supporter’s details | | | | | |
| If applying due to employment or due to educational course or based on disability, your application needs support.  Please read the notes to see who can support your application. Please ask the person who supports your application to give their name, address and position/qualification.  Supporter’s full name   |  | | --- | |  |   Supporter’s address   |  | | --- | |  | |  | |  | | Postcode |   Phone number (optional) Email (optional)   |  |  |  | | --- | --- | --- | |  |  |  |   Supporter’s position/qualification   |  | | --- | |  | | | | | | | |
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| 9A | Employment details |  | 9B | | Educational course details | |
| Please tick one box below.   |  |  | | --- | --- | |  | I am applying for a proxy vote due to my employment | |  | |  |  | |  | I am applying for a proxy vote due to my self-employment | |  | |  |  | |  | I am applying for a proxy vote due to my spouse/civil partner’s employment | |  | |  |  | |  | I am applying for a proxy vote due to my spouse/civil partner’s self-employment | |  |   Please provide the details of the employment or self-employment below.  Job title   |  | | --- | |  |   Name of employer (you do not need to provide this if you or your spouse/civil partner is self-employed)   |  | | --- | |  |   **Please proceed to section 10.** | |  | Please tick one box below.   |  |  | | --- | --- | |  | I am applying for a proxy vote due to my attendance on an educational course | |  | |  |  | |  | I am applying to vote by proxy due to my spouse/civil partner’s attendance on an educational course | |  |   Please give the details of the course that you or your spouse/civil partner is attending below.  Name of educational establishment   |  | | --- | |  |   Course title   |  | | --- | |  |   Course dates   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | from |  |  |  |  |  |  |  |  |  |  | |  |  | D | D |  | M | M |  | Y | Y | Y | Y | |  | to |  |  |  |  |  |  |  |  |  |  | |  |  | D | D |  | M | M |  | Y | Y | Y | Y |   **Please proceed to section 10.** | | | |
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| 10 | Supporter’s declaration (based on employment or educational course) | | | | | |
| Please delete starred phrases as appropriate. Please tick one box.   |  |  | | --- | --- | |  | I am the employer, or an employee with authority to act for the employer, of  \*the spouse or civil partner of the applicant\*/\*the applicant\* | |  | |  |  | |  | The applicant is self-employed | |  | |  | I am the director or tutor of the course referred to in section 9B, or the principal or head of the institution, or an employee with authority to act for the institution | |  |  * \*I am aged 18 years or over\*/\* I am 16 or 17 years old\* * I know \*the spouse or civil partner of the applicant\*/\*the applicant\* but am not their spouse, civil partner, parent, grandparent, sibling, child or grandchild * I confirm that to the best of my knowledge and belief, the applicant’s statements in sections 9 and 6 are true   Supporter’s Signature Today’s date   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | D | D |  | M | M |  | Y | Y | Y | Y | | | | | | | | |
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| 11 | Supporter’s declaration (based on disability) |
| Please tick one box.   |  |  |  | | --- | --- | --- | |  | I am a registered medical practitioner, (including a dentist, optician, pharmacist, osteopath, chiropractor or psychologist), a registered nurse or a registered health professional and I am providing care and/or treating the applicant for the disability specified in the application | | |  | |  | I am a registered social worker and 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 | | |  | |  | I am a person registered as running a residential care home, or the warden of premises provided for people of pensionable age or disabled persons | | |  | |  | I am the manager or authorised representative of the hospital at which the applicant is being treated | | |  | |  | I am the manager or authorised representative of the hospital at which the applicant is being detained | | |  | The statutory provision under which the applicant is detained: |  |   **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:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | D | D |  | M | M |  | Y | Y | Y | Y |   Supporter’s Signature Today’s date   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | D | D |  | M | M |  | Y | Y | Y | Y | | | |
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