

Application to vote by emergency proxy based on disability

FOR OFFICE USE

Polling District:

Elector No:

UPRN:

Only one person can apply to vote by emergency proxy using this form. Please write in **black ink** and use **CAPITAL LETTERS**. When all sections are complete and you have signed the form yourself, send it to your local electoral registration office. You can find their details on the back of this form.

1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

Postcode

Telephone number (optional)

Email address (optional)

Providing an email address and telephone number gives a quick and easy way to contact you about your application.

2 About your proxy (the person you have chosen to vote on your behalf)

Full name

Family relationship (if any)

Full address

Postcode

Email address or telephone number (optional)

3 At which election(s) and referendum(s) do you want a proxy?

I want to vote by proxy at the election(s) and referendum(s) held on:

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D D

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M M

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Y Y Y Y

4 Why do you want a proxy vote?

Read the notes on the following pages and complete either A, B, C or D.

A – I am not able to go to the polling station on polling day due to the following disability:

B - I am not able to go to the polling station on polling day due to my blindness. I am registered blind by (the following local authority):

C – I am not able to go to the polling station on polling day due to my disability for which I am in receipt of a benefit payment. Please state which of the benefit payments listed on the back pages you receive and your disability:

D – I am not able to go to the polling station on polling day due to my detainment at (the following hospital):

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05 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

If you are unable to sign this form, please contact your local electoral registration office. Address details can be found at the back of this form.

7 Date of application

Today's date:

D	D	M	M	Y	Y	Y	Y

6 Support for this application

Read the notes to see who can support this application.

Please complete either 7A, 7B, 7C, 7D or 7E on the following pages as appropriate:

Complete **7A** if you are giving care and/or treating the disability detailed in the application, and are:

- a registered medical practitioner, (including a dentist, optician, pharmacist, osteopath, chiropractor or psychologist)
- a registered nurse
- a registered health professional

Complete **7B** if you are giving care, treatment and/or have arranged care or assistance in respect of the disability detailed in the application and are:

- a registered social worker

Complete **7C** if you are:

- a person registered as running a residential care home
- the warden of premises provided for people of pensionable age or disabled persons

Complete **7D** if you are:

- a registered mental health manager or their representative

Complete **7E** if you are supporting the application for an applicant detained in hospital, and are:

- A mental health manager, or their representative, at the registered hospital at which the applicant is detained.

The application does not need to be supported if Part 4B or 4C applies.

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7A If you are giving care and/or treating the disability detailed in the application, and are:

- a registered medical practitioner, (including a dentist, optician, pharmacist, osteopath, chiropractor or psychologist)
- a registered nurse
- a registered health professional

Supporter's full name

Supporter's address

Postcode

Email address or telephone number (optional)

Supporter's qualification

Declaration:

- I am providing care and/or treating the applicant for the disability specified in the application.
- 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 until after the date of the poll.
 - the applicant became disabled on:

D	D

M	M

Y	Y	Y	Y

Supporter's signature

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Today's date

D	D

M	M

Y	Y	Y	Y

7B If you are a registered social worker giving care, treatment and/or have arranged care or assistance in respect of the disability detailed in the application

Supporter's full name

Supporter's address

Postcode

Email address or telephone number (optional)

Supporter's qualification

Declaration:

- 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.
- 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 until after the date of the poll.
 - the applicant became disabled on:

D	D

M	M

Y	Y	Y	Y

Supporter's signature

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Today's date

D	D

M	M

Y	Y	Y	Y

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7C If you are a person registered as running a residential care home, or the warden of premises provided for people of pensionable age or disabled persons

Supporter's full name

Supporter's address

Postcode

Email address or telephone number (optional)

Supporter's qualification

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 until after the date of the poll.
 - the applicant became disabled on:

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D D

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M M

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Y Y Y Y

Supporter's signature

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Today's date

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D D

--	--

M M

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Y Y Y Y

7D If you are a registered mental health manager or their representative

Supporter's full name

Email address or telephone number (optional)

Supporter's position at the hospital where the applicant is receiving treatment

Declaration:

- I am authorised to support this application
- 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 until after the date of the poll.
 - the applicant became disabled on:

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D D

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M M

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Y Y Y Y

Supporter's signature

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Today's date

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D D

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M M

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Y Y Y Y

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7E If you are the manager or authorised representative of the hospital at which the applicant is detained

Supporter's full name

Email address or telephone number (optional)

Name of hospital at which the applicant is detained

Address of hospital at which the applicant is detained

Postcode

Supporter's position at the hospital where the applicant is detained

The statutory provision under which the applicant is detained

Declaration:

- I am authorised to support this application

Supporter's signature

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Today's date

D	D

M	M

Y	Y	Y	Y

Application to vote by emergency proxy based on disability

Voting by proxy

Proxy voting means that if you aren't able to cast your vote in person, you can have someone you trust cast your vote for you.

If you have had a **medical emergency that took place after 5pm, on the sixth working day before the poll** which means that you cannot vote in person at your polling station, you can apply to vote by emergency proxy (someone else voting on your behalf). You can apply until **5pm on the day of the poll**.

You can also use this form if you have been detained in a hospital under the civil sections of the Mental Health (Care and Treatment) (Scotland) Act 2003 in Scotland.

Both you and your proxy must be registered and eligible to vote.

A person can only be a proxy for close relatives and up to two other people at an election or referendum.

Close relatives are the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of the applicant.

How do I apply to vote by proxy?

- You must ask someone who is willing and capable to be your proxy and vote on your behalf.
- Fill in the proxy vote application form. You must give a reason why you need to vote by proxy and may need a qualified person to sign your application. See notes for information on who can support your application.
- Make sure all sections of the form are complete and supply your date of birth and signature. You need to give your date of birth and signature on this application form. This information is needed to prevent fraud. If you are unable to sign this form, please contact the electoral registration office. You can find address details at the back of this form.
- Return your form to the electoral registration office. You can find address details at the back of this form.

This form can only be used **after 5pm, on the sixth working day before the poll** and must arrive at your local electoral registration office **before 5pm on the day of the poll**.

If you are not already registered to vote, you must register before applying for a proxy vote. The deadline to register to vote is **midnight, 12 working days before the poll**. Register to vote online at [gov.uk/register-to-vote](https://www.gov.uk/register-to-vote)

Application to vote by emergency proxy based on disability

Who can support my application?

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:

- a registered mental health manager or their representative
- 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 4B.

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 4C.

Benefit payments:

- 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 (Care and Treatment) (Scotland) Act 2003 in Scotland, your application must be supported by:

- The manager of the registered hospital at which you are detained, or their authorised representative

You must complete part 4D.

What happens after I've returned this form?

- Your proxy must go to your polling station to vote.
- You should tell your proxy how you want them to vote on your behalf, for example, which candidate, party or outcome.
- The elections team at your council will tell your proxy when and where to vote on your behalf.

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Privacy Statement

We collect information under the legal basis of a task carried out in the public interest, as set out in the Representation of the People Act 1983 and related regulations. We will look after personal information securely and follow data protection legislation.

If you opted-out of the open register we will only use the information you give us for electoral purposes, including matching it against other sources of data to support the electoral register. We will not give personal information to anyone else unless we have to by law. The law requires us to share your information with candidates, political parties and campaigners for democratic engagement purposes and credit reference agencies to check your identity when you apply for credit.

If you have not opted-out of the open register your name and address can be bought by anyone and used for lots of purposes, including direct marketing.

The Electoral Registration Officer is the Controller. For further information relating to the processing of personal data you should refer to the privacy notice on our website www.saa.gov.uk/h-wi-vjb

More Information

If you have any questions about voting by proxy, go to www.electoralcommission.org.uk or contact your local electoral registration office below.

The Electoral Registration Officer:

Moray House
16-18 Bank Street
INVERNESS
IV1 1QY
Tel: 01463 575395

3A Bridge Street
WICK
Caithness
KW1 4AG
01463 575395

42 Point Street
STORNOWAY
Isle of Lewis
HS1 2XF
01851 619179

www.saa.gov.uk/h-wi-vjb

Freephone: 0800 393 783

For general enquiries e-mail ero@highland.gov.uk

To return your completed application form, you scan and send it to: absentvote@highland.gov.uk