

# Application to vote by emergency proxy in Scotland based on disability

For office use only  
PD:  
ElectorID:

## Only one person can apply to vote by emergency 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. Address information can be found at the end of this form.

### 1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

.....  
.....  
.....  
Postcode .....

### 2 Why do you want a proxy vote?

Read the notes on the previous pages and complete either 2A, 2B, 2C or 2D explaining why you cannot vote in person.

**2A** – I have the following disability:

.....

**2B** – I am registered blind by (the following local authority):

.....

**2C** – I am in receipt of a benefit payment. Please state which benefit payment listed on page 7 you receive and your disability:

.....  
.....

**2D** – I have been detained at (the following hospital):

.....

### 3 When did the disability preventing you from going to the polling station occur? (Only fill out this section if you are applying for a proxy vote for Scottish Parliament or council elections)

Time:

Date:          
D D M M Y Y Y Y

Please provide the reason why you could not apply for a standard proxy vote by the deadline of 5pm six working days before the poll:

.....  
.....

### 4 Who do you want to be your proxy?

The rules about who can act as your proxy are different depending on the type of election you want to vote in. Please ensure you have read the notes on page 6 before filling out the rest of this form.

Full name

Relationship (if applicable)

Full address

.....  
.....  
Postcode .....

Phone number (optional)

Email (optional)

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## 5 At which election(s) do you want a proxy?

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## 6 Your contact details

Phone number (optional)

Email (optional)

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

## 7 Your date of birth and declaration

**Declaration:** I have asked the person I have named to be my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

To the best of my knowledge and belief, 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 six months and/or a fine.

**Date of birth:** Please write your date of birth in the boxes below using black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

## 8 Date of application

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## 9 Support for this application

Read the notes to see who can support this application. Please complete either 9A, 9B, 9C, 9D or 9E on pages 3 - 5:

Complete **9A** 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 **9B** 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 **9C** 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 **9D** if you are:

- the manager, or their authorised representative, at the registered hospital at which the applicant is being treated.

Complete **9E** if you are supporting the application for an applicant detained in hospital, and are:

- the manager, or their authorised representative, at the registered hospital at which the applicant is detained.

**The application does not need to be supported if Part 2B or 2C on page 1 applies.**

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**9A** 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 or Phone 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Supporter's signature

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**9B** 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 or Phone 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Supporter's signature

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

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**9C** 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 .....

Phone number (optional)

Email (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:

D	D	M	M	Y	Y	Y	Y

Supporter's signature

Today's date

D	D	M	M	Y	Y	Y	Y

**9D** If you are the manager or authorised representative of the registered hospital at which the applicant is being treated

Supporter's full name

Phone number (optional)

Email (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:

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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**9E** If you are the manager or authorised representative of the registered hospital at which the applicant is being detained

Supporter's full name

Email or Phone 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

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

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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.

You can apply to vote by emergency proxy if you have had a **medical emergency**:

- that took place **after 5pm, on the sixth working day before the poll**, or
- (for Scottish Parliament and council elections only) that took place before then, but you couldn't reasonably make an application before this date.

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 Act 1983 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

This form applies only in Scotland.

To vote by proxy, both you and your proxy must be registered and eligible to vote.

The rules about who can be a proxy are different depending on the type of election you want to vote in:

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, brother, sister, child or grandchild of the applicant.

For **UK Parliament elections**:

- A proxy can vote for a maximum of 4 people. No more than 2 of those people can be domestic electors. Domestic electors are voters who are neither overseas voters nor service voters. UK Parliament elections include UK Parliamentary general elections, by-elections, and recall petitions.

For more information, visit [electoralcommission.org.uk/proxyvote](http://electoralcommission.org.uk/proxyvote).

## 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. You must give a reason why you need to vote by proxy and may need a qualified person to support your application. See notes on page 7 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. Contact details can be found at the end of this form.
- This form can only be used **after 5pm, on the sixth working day before the poll**.
- Your form must arrive at your local electoral registration office **before 5pm, on the day of the poll**.
- **Return your form to your local electoral registration office**. You can find the address details at the end of this form.

If you are not 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**. Register to vote online at [gov.uk/register-to-vote](http://gov.uk/register-to-vote).

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## 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:

- 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 2B.

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 2C.

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 or the Mental Health (Care and Treatment) (Scotland) Act 2003, you must complete part 2D. Your application must be supported by:

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

## What happens after I have returned this form?

- Your local electoral registration office will confirm if your application has been accepted or rejected.
- Your local electoral registration office will tell your proxy when and where to vote on your behalf.
- You must tell your proxy 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.

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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. The 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 relating to the processing of personal data you should refer to the privacy notice on our website [www.saa.gov.uk/h-wi-vjb](http://www.saa.gov.uk/h-wi-vjb). The Electoral Registration Officer is the Controller.

## More Information

If you have any questions about voting by proxy, go to [www.electoralcommission.org.uk](http://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  
Freephone: 0800 393 783

3A Bridge Street  
WICK  
Caithness  
KW1 4AG  
01463 575395  
0800 393 783

42 Point Street  
STORNOWAY  
Isle of Lewis  
HS1 2XF  
01851 619179  
0800 393 783

Email: [ero@highland.gov.uk](mailto:ero@highland.gov.uk)

Website: [www.saa.gov.uk/h-wi-vjb](http://www.saa.gov.uk/h-wi-vjb)

To return your completed application form, you can scan and send it to: [absentvote@highland.gov.uk](mailto:absentvote@highland.gov.uk)

Alternatively, you can return your completed application form by post to your local electoral registration office (see address details above).