

Application Form to Vote by Proxy

Please complete all sections – **INCLUDING THOSE RELEVANT OVERLEAF** - in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services address as listed overleaf.

If you need help filling in this form please phone **01803 861434**.

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 you are entitled to vote at

Local elections

Parliamentary elections/ Referendum

For how long do you want a proxy vote?

Until further notice

For election(s) on:

Day

Month

Year

For election(s) until:

Day

Month

Year

Your Date of Birth

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.

Sign within the border using **BLACK INK**

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:

I cannot supply a signature because

For office use only

Date:

Now please turn over to complete application.

Supporting information - Blind or receiving higher rate Mobility Allowance

Your application DOES NOT have to be supported by someone else if you registered Blind or in receipt of the Higher rate Mobility Allowance. However, you must give the relevant number below:

I am Registered Blind by _____ Local Authority

and my registered number is _____

OR I am currently in receipt of the Higher rate Mobility component of a Disability Living Allowance and my allowance number is _____

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 related to you.

Support for this application – NOT REQUIRED FOR ONE ELECTION ONLY.

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 application to
Electoral Services
South Hams District Council
Follaton House
Totnes
Devon
TQ9 5NE**