# Application to vote by proxy in England based on disability

When you have completed the form, send it to your electoral registration office.
To find their details, go to **electoralcommission.org.uk/voter** and enter your postcode.
You'll find their address for returning your form and contact details if you need help.

## Voting by proxy

Proxy voting means that if you cannot vote in person, you can have someone you trust (your proxy) vote on your behalf. To vote by proxy, you must be registered to vote.

This form applies only in England. You can use it to apply to vote by proxy if you cannot vote in person due to a disability. You can also use it if you have been detained in a hospital under the civil sections of the Mental Health Act 1983.

You must confirm with your proxy that they are eligible to vote on your behalf. They must be registered to vote and eligible to vote in the type of election taking place. Your proxy can vote on behalf of up to 4 people. No more than 2 of those people can be living in the UK and the rest must either be overseas or service voters.

You can complete this form to appoint one proxy for all elections you are entitled to vote in. You can choose to apply for a permanent proxy vote, appoint a proxy for a particular period, or appoint a proxy for one or more elections held on the same day.

If you want to appoint different proxies for different types of election, please contact your electoral registration office.

For more information on proxy voting, visit **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 2 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 electoral registration office.
- If your application has missing or incorrect information, your 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 electoral registration office.

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 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** or contact your electoral registration office to request a paper form.

## What happens after I have returned this form?

- Your 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 electoral registration office for more details and to request a postal proxy vote application form.
- 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 or has not applied to vote on your behalf by post.

# Application to vote by proxy in England 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:

- 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, 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.

## 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**

# Application to vote by proxy in England based on disability

## 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 electoral registration office. You can find their address at **electoralcommission.org.uk/voter**

## 1 About you

First name(s) (in full)

Middle name(s) (in full)

Last name

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 2 you receive and your disability:

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

## 3 Your contact details

Phone number (optional)

Email (optional)

Giving your email and phone number makes it easier to contact you about your application.

## 4 Your National Insurance number

Please tell us your National Insurance number below. You can find this on your payslip, P60, or on letters about tax, pensions or benefits.

If you cannot provide a National Insurance number, please tell us why. You can still submit this form and someone will contact you. It may take longer to process your application.

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

Full name

Full address

Postcode

Email or phone number (optional)

# Application to vote by proxy in England based on disability

## 6 How long do you want a proxy vote for?

I want to vote by proxy in all elections I am entitled to vote in (tick one box only):

☐ until further notice (permanent proxy vote)

☐ 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

## 7 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.

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.

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 electoral registration office.

## 8 Date of application

Today's date 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 5 - 7:

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 3 applies.**

# Application to vote by proxy in England based on disability

## 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 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

## 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 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

# Application to vote by proxy in England based on disability

## 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

Email or phone number (optional)

Supporter's qualification

**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 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

## 9D If you are the manager or authorised representative of the 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 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

# Application to vote by proxy in England based on disability

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

Supporter's full name

Phone number (optional)

Email (optional)

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
- 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