

Voting by Proxy – For medical reasons

Following the introduction of the Electoral Administration Act, the rules relating to absent voting have changed with signatures and DOB required from all those registered to vote by post and also those registered with proxy votes, this introduced to enable authorities to combat electoral fraud.

Please complete the form attached and then return to the address printed below. This will then enable us to ensure that your proxy is set up as required with the necessary security features that are now required by law.

If you have appointed a proxy because a disability prevents you from attending the polling station your form needs to be supported by one of the following:

- A registered medical practitioner, including a dentist, optician, pharmacist, osteopath, chiropractor and psychologist.
- A registered nurse
- A Christian Science practitioner
- A registered health professional
- A registered social worker
- A registered mental health manager or their representative
- If you live in a residential care home, the person registered as running that home
- If you live on premises provided for people of pensionable age or disabled persons, the warden of those premises.

Please do not hesitate to contact the Electoral services department on 01932 425650 /52 if you have any questions.

Please return to:

Electoral Services
Runnymede Civic Centre
Station Road
Addlestone
Surrey
KT15 2AH

APPLICATION TO VOTE BY PROXY DUE TO A DISABILITY

Each person applying for a proxy vote must complete a separate form. If more forms are needed, please photocopy this one or ask the Electoral Registration Officer for more.

1. Please insert your full name and address where you are registered to vote	Reference – office use only																																
Name:..... Address																																	
I wish to vote by proxy at (please tick one box only) <input type="checkbox"/> Parliamentary Elections <input type="checkbox"/> Local Elections <input type="checkbox"/> All Elections																																	
2. How long do you want your proxy for? (Tick one box only)																																	
<input type="checkbox"/> Until further notice (A permanent proxy vote) <input type="checkbox"/> For the following period (please insert dates into the boxes below) from <table style="display: inline-table; border-collapse: collapse; margin: 0 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table> to <table style="display: inline-table; border-collapse: collapse; margin: 0 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table>										D	D	M	M	Y	Y	Y	Y									D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y																										
3. Please select one of the options below explaining why you want a proxy vote.																																	
A. I am registered blind by the following authority <input style="width: 150px; height: 20px;" type="text"/>																																	
B. I receive the higher rate of the mobility component of a disability living allowance. My disability is <input style="width: 200px; height: 20px;" type="text"/>																																	
C. I suffer from a disability which is: <input style="width: 150px; height: 20px;" type="text"/>																																	
If the address at which you are registered is a residential care home or sheltered accommodation, please tick this box <input type="checkbox"/>																																	

4. If you have completed option C, you must get someone to support your application. Please ask the person who supports your application to give their name, address and position.

Supporter's full name:

Supporter's full address:

Supporter's position

Supporter's declaration:

To the best of my knowledge and belief, the applicant is suffering from the disability given in this application and cannot be expected to go to the polling station on election day or vote there unaided. This is expected to last indefinitely or until (Please insert date)

D	D	M	M	Y	Y	Y	Y

5. I confirm that I have asked the person named to act as my proxy and he/she is willing to vote on my behalf (Please insert your proxy's details below)

Name:

Relationship to you (If applicable) :

Full address:

Tick this box if you think your proxy would prefer to vote by post

6. Your details:

Please enter your **Date of Birth**

Please complete in **Black Ink**

Day Month Year

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Part 5: Your signature

Please sign within this box using **Black Ink** taking care to sign within the box and not over the lines (This is extremely important because the form will be scanned into our computer system. The form will be returned to you if not signed in black ink)

The date you signed this form: / /