



Application to vote by proxy

For Office Use

Each person applying to vote by proxy must complete a separate form

1. About you

Your Address: where you are registered to vote

Postcode:

Surname _____

Forename(s) _____

Daytime or mobile number or e-mail: (optional)

2. About your proxy (see notes overleaf)

Proxy's Name:

Proxy's Address:

Postcode:

Relationship if any _____

3. Proxy's Declaration (*If also signing)

*I confirm that I am capable of being and willing to be appointed to vote as the applicant's proxy:

Proxy's signature: _____

Date: _____

4. At which elections do you want to vote by proxy?

- All elections I am entitled to vote at
 Parliamentary elections
 Local elections

5. For how long do you want a proxy vote?

- Until further notice
 Elections until

6. Your Declaration: (You can be fined for making a false statement on this form.)

As far as I know, the details on this form are true and accurate.

I have consulted the person named above and I confirm that he/she is willing and able to be appointed to vote on my behalf.

Elector's Date of Birth:

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

SIGN BELOW IN BLACK OR BLUE INK AND KEEP WITHIN THE BORDER

If you fail to do this, the application may not be valid

Date: _____

You must complete one of the sections overleaf for this form to be valid.

Once completed please send this form to:
Electoral Services, Elmbridge Borough Council,
Civic Centre, High Street, Esher, Surrey, KT10 9SD

E-mail: electoral@elmbridge.gov.uk
Website: www.elmbridge.gov.uk
Telephone: 01372 474 18 1/2/3

7. Why you are applying

Please complete whichever of parts A, B, C, D, E, or F applies to you, including the other signatures where needed

A I suffer from a disability, which is

Declaration in support: (*See accompanying notes for information on who can support this declaration)

I confirm that to the best of my knowledge and belief the applicant is suffering from the disability stated above [for which I am treating him/her] [for which he/she is receiving care from me] ; that he/she cannot reasonably be expected to go to his/her polling station to vote unaided there; and that the disability is likely to continue [indefinitely] [for the period specified overleaf].

Signed: Name: Date:

Address:

Qualification*

B If the address at which you are registered as an elector is a **residential care home** or **sheltered housing** accommodation, please tick this box

Declaration in support: (*See accompanying notes for information on who can support this declaration)

Signed: Name: Date:

Address:

Position*

C I am registered blind by the following Council

D I receive one of the following benefits payments, because of a disability (please tick)

• the higher rate of the mobility component of the disability living allowance

• enhanced rate of the mobility component of the personal independent payment

• an armed forces independence payment

• My disability is:

E *[I am] *[my husband/wife] is [employed by] or [attending an education course at]

Describe job of type of course.....

and I cannot reasonably be expected to go to my polling station to vote because (give reason):

Declaration in support: (*See accompanying notes for information on who can support this declaration)

I certify that to the best of my knowledge and belief the statement above is true.

Signed: Name: Date:

Address:

Position*:

| | | |
|---|--|--|
| F | I am / my husband/wife is self-employed as (describe job) | |
| <p>and I cannot reasonably be expected to go to my polling station to vote because (give reason):</p> <p>.....</p> <p>Declaration is support: (*See accompanying notes for information on who can support this declaration)</p> <p>I am 18 or over, know the applicant and certify that to the best of my knowledge and belief the statement above is true. I am not related to him/her.</p> <p>Signed*: Name: Date:</p> <p>Address:</p> | | |

Notes on voting by proxy

- Your proxy must be eligible to vote in the type of election concerned. If you are unsure as to whether your proxy is eligible please contact Electoral Services.
- A person cannot vote as proxy for more than 2 voters, unless he/she is the husband/wife, civil partner, parent, grandparent, brother, sister, child or grandchild of the voter.
- Your proxy must go to **your** local polling station to vote. If your proxy cannot get to the polling station, they can apply to vote for you by post. They can apply to do this up to 11 working days before election day.
- We will send your proxy a proxy poll card, telling them where and when to vote on your behalf.
- If it turns out that you are able to go to the polling station on election day, you can vote in person as long as your proxy has not already done so and has not applied to vote for you by post.

Who is qualified to support my application to appoint a proxy on a permanent basis

Section A:

1. A registered medical practitioner, including a dentist, optician, pharmacist, osteopath, chiropractor and psychologist.
2. A registered nurse, health professional or social worker.
3. A Christian Science practitioner.
4. A registered mental health manager or their representative.

Section B:

1. If you live in a residential care home, the person registered as running that home.
2. If you live on premises provided for people of pensionable age or disabled persons, the warden of those premises.

Section E:

1. Your employer or another authorised person at your workplace.
2. The director or tutor of your course, or the principal or head of the educational establishment where your course is taking place.
3. An employee of the educational establishment where your course is taking place who is authorised to support your application.

Section F:

1. A person who is aged 18 years or over, who knows you and is not related to you.

Privacy notice

The Electoral Registration Officer will only use the information you give them for electoral purposes. They will look after personal information securely and will follow data protection legislation. They will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless they have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

The Electoral Registration Officer is the Data Controller: Robert Moran, Elmbridge Borough Council, Civic Centre, High Street, Esher, Surrey, KT10 9SD telephone 01372 474474. You should refer to the Privacy Notice at www.elmbridge.gov.uk/privacy-notices for further information relating to the processing of personal data.