



## How do I apply to vote by proxy?

- 1** You must ask someone if they are willing and able to be your proxy and vote on your behalf. Please note that a person can only be the proxy for close relatives and up to two other people at the same election or referendum\*.
- 2** 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 sign your application. See notes below for information on who can support your application.
- 3** Make sure **you** complete all sections of the form and supply your date of birth and signature.
- 4** Return your form as soon as possible to the address shown below.

Electoral Services  
Isle of Wight Council  
County Hall  
Newport  
Isle of Wight  
PO30 1UD

From 10 June 2014 in England and Wales, and from 19 September 2014 in Scotland, only electors who are (or will be) registered individually are entitled to vote by proxy. In addition, the person you wish to appoint as your proxy can only act as proxy if they are (or will be) registered individually. Contact your electoral registration office for further information.

Please **do not** return your form to the Electoral Commission. **Please note:** this form can only be used after **5pm on the sixth working day before an election or referendum** and must arrive at your electoral registration office before 5pm on the day of the poll.

This form must not be used for the Referendum on Independence for Scotland.

\* By referendum we mean: Neighbourhood Planning Referendums, Council Tax Referendums, Mayoral & Governance Arrangements Referendums, and Local Authority Advisory polls. If you wish to apply to vote by post for a different type of referendum, please contact your Electoral Registration Officer.

# Application to vote by emergency proxy based on disability



## Voting by proxy

If you have had a medical emergency that took place after 5pm on the sixth working day before an election or referendum which means that you cannot vote in person at your polling station, you can apply to vote by emergency proxy (someone else voting on your behalf). You can apply up until 5pm on polling day.

This form should not be used if you have been detained in a hospital under Section 145 of the Mental Health Act 1983 in England and Wales or Section 329 of the Mental Health (Care and Treatment) (Scotland) Act 2003 in Scotland.

## Does my application need supporting?

If you are registered blind by a local authority and your application is based on your blindness, or 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 4B or 4C of the application.

Benefit payments:

- 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

## Who can support my application?

If they are giving care or treating you for the disability that prevents you from voting in person (the disability does not have to be permanent):

- a registered medical practitioner, including a dentist, optician, pharmacist, osteopath, chiropractor and 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:

- a registered social worker

Alternatively:

- 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

## What happens after I've returned this form?

- Your proxy must go to **your** polling station to vote on your behalf.
- You should tell your proxy how you want them to vote on your behalf, for example, which candidate, party, or outcome.
- Your local election office will tell your proxy when and where to vote on your behalf.
- You will need to give your date of birth and signature on this application form. This information is needed to prevent fraud. If you are unable to sign this form, please contact your Electoral Registration Officer

## Voting as proxy

A person can only be a proxy for close relatives and up to two other people at an election or referendum.

Close relatives are the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of the applicant.

The person you wish to appoint as your proxy can only act as proxy if they are 18 or over and they are (or will be) registered individually.

# Application to vote by emergency proxy based on disability



## More information

If you have any questions about voting by proxy, go to [www.aboutmyvote.co.uk](http://www.aboutmyvote.co.uk) or contact your electoral registration office.

In England and Wales, the electoral registration office is based at your local council. In Scotland, it may be a separate office. For contact details, go to [www.aboutmyvote.co.uk](http://www.aboutmyvote.co.uk)

This form does not apply in Northern Ireland. Visit [www.eoni.org.uk](http://www.eoni.org.uk) for more information.

We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the Data Protection Act 1998. We will not give personal information about you to anyone else or another organisation unless we have to by law.



# Application to vote by emergency proxy based on disability



**Only one person can apply to vote by emergency proxy using this form.** Write in black ink and use **BLOCK LETTERS**. When you have filled in every section and signed the form yourself, send it to your local electoral registration office. You can get the address at [www.aboutmyvote.co.uk](http://www.aboutmyvote.co.uk)

## 6 Your date of birth and declaration

**Declaration:** I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.

As far as I know, 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 2 years and/or a fine.

**Date of birth:** Please write your date of birth 'DD MM YYYY' in the black boxes below, **using black ink**.

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**Signature:** Sign below, keeping within the grey border.

If you are unable to sign this form, please contact your Electoral Registration Officer.

## 7 Date of application

Today's date

D	D	M	M	Y	Y	Y	Y

## 8 Support for this application

Read the notes to see who can support this application. Please complete either A, B, C, or D on the following pages as appropriate:

Complete **A** 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 and psychologist
- a registered nurse
- a registered health professional

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

- a registered mental health manager or their representative

The application does not need to be supported if you completed Part 4B or 4C and are applying due to blindness and you are registered as a blind person, or if you are in receipt of the higher rate component of either the disability living allowance or the personal/Armed Forces independence payment due to the disability.

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**A** 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 and psychologist
- a registered nurse
- a registered health professional

Supporter's full name

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Supporter's address

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Postcode

Supporter's qualification

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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 election 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 election.
  - the applicant became disabled on

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Supporter's signature

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Date

D	D	M	M	Y	Y	Y	Y

**B** 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

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Supporter's address

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---

Postcode

Supporter's qualification

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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 election 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 election.
  - the applicant became disabled on

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Supporter's signature

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Date

D	D	M	M	Y	Y	Y	Y

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**C** 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

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 election 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 election.
- the applicant became disabled on

Supporter's signature

Date

D	D	M	M	Y	Y	Y	Y

**D** If you are a registered mental health manager or their representative

Supporter's full name

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 election 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 election.
- the applicant became disabled on

Supporter's signature

Date

D	D	M	M	Y	Y	Y	Y