



Electoral Services Office  
Causeway House  
Braintree  
Essex  
CM7 9HB

Telephone 01376 557750  
557751

### **Application to vote by proxy**

**If you think you cannot get to a Polling Station on election day  
you may be able to nominate someone else to vote for you.**

#### **You may apply for a proxy vote if**

You have a physical incapacity  
You live in a residential care home  
You are registered blind  
Your employment makes it difficult  
to get to the polling station  
You would have to journey by sea or  
air to get to the polling station on  
election day  
You are registered as a Service Voter

#### **Who can you nominate to be your Proxy**

A person you trust to vote as you instruct  
A person who is eligible to vote at the same  
type of election as you  
A Proxy cannot vote for more than 2 electors  
unless related as spouse, parent, brother,  
sister, grandparent, child or grandchild of  
the voter.

#### **How does Proxy voting work**

Although you have been allocated a Proxy vote you can vote yourself if  
your Proxy has not already done so.  
On election day your Proxy should go to your Polling Station and cast your  
vote in accordance with your instruction.  
Your Proxy will be asked for authority, which we will have sent to them.  
You and your Proxy should be the only people to know who you voted for  
as your vote is treated as if you had voted in person.

#### **How do I apply to vote by Proxy?**

1. Complete this application form
2. Make sure you complete appropriate sections of the form
3. Remember to provide your signature in the box in section 4
4. Return your completed form to the address above.

# Application Form to Vote by Proxy for a definite or indefinite period

Please complete all sections – INCLUDING THOSE RELEVANT OVERLEAF - in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Causeway House, Bocking End, Braintree, Essex, CM7 9HB. If you need help filling in this form please phone **01376 557751**.

## 1 Address where you are registered to vote

## 5 Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

## 2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

## 3 Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

## 4 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**

I cannot supply a signature because

**Date:**

If you asked someone to help you complete this form, please attach their name and address.

## 6 Proxy vote for which elections?

All elections you are entitled to vote at ☐

Local elections ☐

Parliamentary or Assembly elections ☐

## 7 For how long do you want a proxy vote?

Until further notice ☐

For elections(s) on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

For election(s) until:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

## 8 Reason for this application

## 9 Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy.

**Signature:**

**Date:**

For office use only

## 10 Supporting information - Blind or receiving higher rate Mobility Allowance

Your application DOES NOT have to be supported by someone else if you are 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.

## 11 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.*

## 12 Support for this application

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

## 13 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 your completed form to**  
Electoral Services  
Causeway House, Bocking End, Braintree,  
Essex, CM7 9HB  
in the pre-paid envelope provided