

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, PO Box 503, Town Hall, Middlesbrough, TS1 9FX. If you need help filling in this form please phone **(01642) 729771**.

Address where you are registered to vote

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s) (in full)

Surname

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

Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For how long do you want a proxy vote?

Until further notice

For election(s) on:

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Day Month Year

For election(s) until:

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Day Month Year

Your Date of Birth

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Day Month Year

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 of Signing:

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

Reason for this application

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

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 one of the higher/enhanced rates of disability allowance as stated below. However, you must give the relevant number:

I am Registered Blind by _____ Local Authority

and my registered number is: _____

OR I am currently in receipt of a higher rate of the mobility component of a disability living allowance; the enhanced rate of the mobility component of the personal independence payment; or an armed forces independence payment, and my allowance number is: _____

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 this form must be supported by one of the following:
either a registered medical practitioner; including a dentist, optician/optometrist, pharmacist, osteopath, chiropractor and psychologist; a registered nurse; a Christian Science practitioner; a registered health professional, social worker, or mental health manager or their representative.
If you are in a residential home or sheltered housing, the registered 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: for job - your employer or your spouse's employer; for educational course – the director or tutor of your course, or the principal or head of the educational establishment.
- If you are self-employed your supporter:
must be 18 or over, know you and not related to you.

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

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
PO Box 503
Town Hall
Middlesbrough
TS1 9FX

in the pre-paid envelope provided.