

Voting by proxy

Proxy voting means that if you cannot vote in person, you can have someone you trust vote on your behalf. You can use this form to apply to vote by proxy if you have a disability and cannot vote in person.

You can also use this form if you have been detained in a hospital under the civil sections of the Mental Health Act 1983.

This form applies only in England.

To vote by proxy, both you and your proxy must be registered and eligible to vote.

A proxy can vote for a maximum of 4 people. No more than 2 of those people can be domestic electors. Domestic electors are voters who are neither overseas voters nor service voters.

For more information on proxy voting and other ways to apply, visit electoralcommission.co.uk/proxyvote.

How do I apply to vote by proxy?

- Ask someone who is willing and capable to be your proxy and vote on your behalf.
- 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 support your application. See notes on page 2 for information on who can support your application.
- Make sure all required sections of the form are complete and provide your date of birth and signature. This information is needed to prevent fraud. If you are unable to sign this form, please contact your local electoral registration office.
- If your application has missing or incorrect information, your local electoral registration office will contact you. You may need to provide supporting documents and it may take longer to process your application.
- **Return your form to Electoral Services, Isle of Wight Council, High Street, Newport, PO30 1UD or e-mail a scanned copy to electoral.services@iow.gov.uk**

Please do not return your form to the Electoral Commission.

When applying for a new proxy vote, you must return your application form by **5pm, 6 working days before the poll**.

When changing or cancelling an existing postal, proxy or postal proxy vote, you must return your application form by **5pm, 11 working days before the poll**.

If you are not registered to vote, you must apply to register before applying for a proxy vote.

The deadline to register to vote is **midnight, 12 working days before the poll**. Register to vote online at gov.uk/register-to-vote.

What happens after I have returned this form?

- Your local electoral registration office will confirm if your application has been accepted or rejected.
- Your proxy will be sent a proxy poll card, telling them where and when to vote on your behalf.
- You must let your proxy know how you want them to vote on your behalf, for example which candidate, party or outcome.
- Your proxy must go to your polling station to vote on your behalf. If your proxy cannot get to the polling station, they can apply to vote on your behalf by post. They can apply to do this until **5pm, 11 working days before the poll**. They can contact your local electoral registration office for more details and to request a postal vote application form. For contact details, go to electoralcommission.org.uk/voter.
- If you are able to go to the polling station on polling day, you can vote in person as long as your proxy has not already done so or has not applied to vote on your behalf by post.

Application to vote by proxy in England based on disability

Who can support my application?

If they are giving care or treating you for the disability your application can be supported by:

- a registered medical practitioner (includes dentist, optician, pharmacist, osteopath, chiropractor or 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 your application can be supported by:

- a registered social worker.

Alternatively your application can be supported by:

- the manager, or their authorised representative, at the registered hospital where you are being treated
- the person registered as running the residential care home you live in
- the warden of the premises you live in that are provided for people of pensionable age or disabled persons.

If you are registered blind by a local authority and your application is based on your blindness, you do not need to have your application supported. You must complete part 2B.

If 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 2C.

Benefit payments include:

- 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

If you have been detained in hospital under the civil sections of the Mental Health Act 1983, you must complete part 2D. Your application must be supported by:

- the manager of the registered hospital at which you are detained, or their authorised representative.

Privacy statement

This privacy notice tells you what will happen to the personal information you supply with this application form.

The Electoral Registration Officer is the Data Controller for the purposes of data protection legislation. Their lawful basis for collecting the personal information is that the processing is necessary in order to perform a task in the public interest as set out in the Representation of the People Act 1983 and related regulations.

The Electoral Registration Officer is legally required to process your personal information securely and comply with data protection legislation. For further information you should refer to their privacy notice. You can find their website address and contact details at electoralcommission.org.uk/voter.

You must provide your National Insurance number or a reason why you cannot provide it (for example, you have never been issued with one). This will be used to confirm your identity.

Application to vote by proxy in England based on disability

6 How long do you want a proxy vote for?

I want to vote by proxy in all elections I am entitled to vote in (tick one box only):

until further notice (permanent proxy vote)

to be held on

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

for the period

from

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

to

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

7 Your date of birth and declaration

Declaration: I have asked the person I have named as my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

To the best of my knowledge and belief, 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 two years and/or a fine.

Date of birth: Please write your date of birth in the boxes below using black ink.

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

Signature: Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your local electoral registration office.

8 Date of application

Today's date

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

9 Support for this application

Read the notes to see who can support this application. Please complete either 9A, 9B, 9C, 9D or 9E on pages 5 - 7:

Complete **9A** 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 or psychologist)
- a registered nurse
- a registered health professional

Complete **9B** 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 **9C** 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 **9D** if you are:

- the manager, or their authorised representative, at the registered hospital at which the applicant is being treated.

Complete **9E** if you are supporting the application for an applicant detained in hospital, and are:

- the manager, or their authorised representative, at the registered hospital at which the applicant is detained.

The application does not need to be supported if Part 2B or 2C on page 3 applies.

Application to vote by proxy in England based on disability

9A 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 or psychologist)
- a registered nurse
- a registered health professional

Supporter's full name

Supporter's address

Postcode

Email or phone number (optional)

Supporter's qualification

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 polling day or to vote there unaided due to that disability.
 - the disability specified in the application is likely to continue indefinitely or until:

D	D	M	M	Y	Y	Y	Y

Supporter's signature

Today's date

D	D	M	M	Y	Y	Y	Y

9B 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

Supporter's address

Postcode

Email or phone number (optional)

Supporter's qualification

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 polling day or to vote there unaided due to that disability.
 - the disability specified in the application is likely to continue indefinitely or until:

D	D	M	M	Y	Y	Y	Y

Supporter's signature

Today's date

D	D	M	M	Y	Y	Y	Y

Application to vote by proxy in England based on disability

9E If you are the manager or authorised representative of the hospital at which the applicant is detained

Supporter's full name

Phone number (optional)

Email (optional)

Supporter's position at the hospital where the applicant is detained

The statutory provision under which the applicant is detained

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 polling day or to vote there unaided due to that disability.
 - the disability specified in the application is likely to continue indefinitely or until:

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

Supporter's signature

Today's date

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