

Only one form for each person can be completed per person. Please read the instructions carefully before completing this form. If you need help further help filling in this form please contact us on 01723 232323. Please complete the form in **BLACK INK** using **BLOCK CAPITALS**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

Telephone or email contacts (optional, but never shared)

3 How long do you want to vote by proxy?

(a) Until further notice

(b) For elections on the following date

Day

Month

Year

(c) For elections between the following dates

From

Day

Month

Year

Until

Day

Month

Year

4 Name and address of appointed proxy

First name(s) (in full)

Surname

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

Address

Relationship to you (if any)

5 Your declaration

As far as I know, the details on this form are true and accurate. You can be fined for making a false statement on this form.

Date of birth DD/MM/YYYY:

Day

Month

Year

Day

Month

Year

Important – keep signature within the border

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

Please **SIGN** in the box below using **BLACK** ink

Date of signing

Please return this form to:
 Electoral Services, Scarborough Borough Council
 Town Hall, St. Nicholas Street, Scarborough, YO11 2HG

NOW COMPLETE SECTION 6 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION

6 Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 6A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind, or if you receive the higher rate of the mobility component of the disability living allowance, sections 6B i and ii. For all other reasons you will need someone to support your application.

6A One election only

I am unable to attend my polling station at the election indicated in Part 3 because:

*(Please state the reason, for example you will be away on holiday. You do **not** need anyone to support your application.)*

6B Physical Incapacity

Either: (i) I am registered as a blind person by the _____ Council

Or: (ii) Please state which of the benefit payments listed above you receive, and your disability

(Please state the nature of your incapacity)

Or: (iii) I suffer from a physical incapacity, which is:

(Please state the nature of your incapacity)

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

Declaration in Support

If you filled in Sections 6B (i) or (ii) you do not need anyone to support your application.

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue *indefinitely/*for the period specified in part 3 overleaf.*

If a doctor, a registered nurse or other medical professional the applicant is receiving treatment or care from me for the incapacity stated.

Signed _____ Name _____ Date _____

Address _____ *Qualification/*Position _____

- If the applicant does not live in a residential care home, or sheltered accommodation, the declaration must be made by a doctor, nurse or other medical professional.*
- If the applicant lives in a residential care home, or sheltered accommodation, the declaration can be signed by a resident warden of the sheltered accommodation, or a head of the home, or a person registered under Part 1 of the Registered Homes Act 1984, as carrying on a residential care home, or a person in charge of local authority residential accommodation.*

6C Occupation or Employment

*I am/*my spouse is *employed by/*attending an education course at _____

as a (describe job) _____ tick box if self employed:

I cannot reasonably be expected to go to my polling station at elections because

(Please give reason)

Declaration in Support

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

Signed _____ Name _____ Date _____

Address _____ Position _____

** This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*