

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 Registration Officer, Carlisle City Council, Civic Centre, Carlisle CA3 8QG. If you need help filling in this form please phone **01228 817555** or **01228 817556**.

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)

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?

A. Until further notice

B. 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

C. 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: _____

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 in Section 5 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.

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.

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.

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 Registration Officer
Carlisle City Council
Civic Centre
Carlisle CA3 8QG**