

## APPLICATION FORM TO VOTE BY PROXY (LONG TERM)

Please read the accompanying notes carefully before completing this form, and do not staple the pages. If you need help filling in this form please phone (020) 8871 6023.

Please write in **BLACK INK** and **CAPITAL LETTERS**.

### 1 About you

First name (and first initial of second name)

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Surname

---

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

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Present Address

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Postcode

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Preferably a daytime or mobile phone number in case of query or alternatively email address.

Daytime telephone number:

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Email address:

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Address where you are registered to vote  
(If different from your present address)

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Postcode

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

I want to vote by proxy at all elections (tick **one** box only):

until further notice

for the elections to be held on

--	--	--	--	--	--	--	--

Day    Month    Year

for the period

from

--	--	--	--	--	--	--	--

to

--	--	--	--	--	--	--	--

Day    Month    Year

### 3 Your declaration (Please ensure you use BLACK ink)

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 (e.g. 0103 1966)

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Day                      Month                      Year

**Please SIGN in the box below using BLACK ink** (your signature should not be in capital letters unless that is how you normally sign).

**Important – keep signature within the border**  
If you fail to do this, the application will not be valid.

Date of signing

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Day    Month    Year

**4 About your proxy**

First name (and first initial of second name)

\_\_\_\_\_

Surname

\_\_\_\_\_

Relationship to you (if any)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

\_\_\_\_\_

Daytime telephone number:

\_\_\_\_\_

\_\_\_\_\_

Email address

\_\_\_\_\_

If your proxy wishes to vote by post on your behalf they must complete and immediately return the enclosed 'Collection of personal identifiers - proxy postal' form. This form can also be downloaded from [www.wandsworth.gov.uk/vote](http://www.wandsworth.gov.uk/vote)

**5 Why are you applying?**

Please complete **only one** of the following sections and ensure that where stated the declaration is completed.

**Section A: Please complete this section if you are a registered blind person.**

**No declaration is needed if this section is completed.**

I am registered as a blind person by the \_\_\_\_\_ Council

**Section B: Please complete this section if you receive the higher rate of the mobility component of the disability living allowance.**

**No declaration is needed if this section is completed.**

I receive the higher rate of the mobility component of the disability living allowance, because of a physical incapacity.

This incapacity is \_\_\_\_\_

**Section C: Please complete this section if you suffer from a physical incapacity.**

**Please ensure this section is completed by a doctor, registered nurse or Christian Science practitioner.**

I suffer form a physical incapacity which is \_\_\_\_\_

I confirm that to the best of my knowledge and belief that the applicant is suffering from the incapacity stated above **\*(for which I am treating him/her) \*(for which he/she is receiving care from me)**. He/she cannot reasonably be expected to go in person to his/her polling station or to vote unaided there; and that the incapacity is likely to continue **\*(indefinitely) \*(for the period specified in question 4)**.

**\*cross out whichever does not apply**

Signed \_\_\_\_\_

Name \_\_\_\_\_

Qualification \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Section D: Please complete this section if you are registered as an elector in a residential care home or sheltered housing.**

**Please ensure the declaration is completed by**

1. A resident warden of sheltered accommodation, or a head of home, or other person registered under part 1 of the Registered Homes Act 1984 as carrying on a residential care home; or
2. A person in charge of local authority residential accommodation.

I am registered as an elector in a residential care home or sheltered accommodation

**Declaration in support**

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Section E: Please complete this section if you are applying for a proxy vote for employment reasons (If you are self employed go to Section G).**

**Please ensure the declaration is completed by a person authorised to sign on behalf of the employer.**

**\*(I am) \*(my husband/wife/civil partner is) employed by**

\_\_\_\_\_  
**\*cross out whichever does not apply**

and I cannot reasonably be expected to go to my polling station to vote because

**Declaration in support**

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

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Section F: Please complete this section if you are attending an educational course.**

Please ensure the declaration is completed by a person authorised to sign on behalf of the educational institution concerned.

\*(I am) \*(my husband/wife/civil partner is) attending an educational course at

**\*cross out whichever does not apply**

and I cannot reasonably be expected to go to my polling station to vote because

**Declaration in support**

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

Signed

Name

Position

Date

Address

Postcode

**Section G: Please complete this section if you are self employed.**

Please ensure the declaration is completed by someone 18 or over, who knows you and is not related to you.

\*(I am) \*(my husband/wife/civil partner is) self employed as

**\*cross out whichever does not apply**

and I cannot reasonably be expected to go to my polling station to vote because

**Declaration in support**

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

Signed

Name

Position

Date

Address

Postcode

**Section H: Please complete this section if you cannot get to your polling station because it would involve a journey by air or sea.**

**No declaration is needed if this section is completed.**

I cannot reasonably be expected to go to my polling station to vote because it would involve a journey by sea or air. (Please tick box)

## WHAT IS A PROXY VOTE?

A proxy vote is when you choose someone to vote for you when you are not able to go to the polling station yourself.

You can arrange a proxy vote for an indefinite period and you can apply at any time, you do not have to wait for an election to be announced. However, unlike a postal vote you must give a reason as to why you need to vote by proxy.

You may find you need to vote by proxy for a particular election only. If so you should complete form "Application to Vote by Proxy for a Particular Election", available on request.

You can apply for a proxy vote for that election, only after it has been announced. If you are applying for a particular election only you do not need to have a declaration completed.

## YOUR RIGHT TO VOTE BY PROXY – COLLECTION OF PERSONAL IDENTIFIERS

1. For the security of your proxy vote and **by law** you are required to give your signature and date of birth. If you do not provide this information your proxy vote application may not be valid.
2. If you are unable to provide a signature, or you are unable to sign in a consistent or distinctive way because of any disability, or you are unable to read or write, the registration officer, in these circumstances, may grant you a waiver, which will mean you will not be required to provide a signature. However, you will still be required to give your date of birth.
3. The personal details you provide on this form will be checked against those we already hold to ensure that your right to vote cannot be used by anyone else.
4. If the proxy you have appointed wishes to vote for you by post they will also need to provide their signature and date of birth. If they do not provide this information they will have to attend your polling station on election day.
5. If they choose to vote by post when your proxy receives your ballot paper, a postal voting statement will also be enclosed. This statement will need to be signed by them and they will also be required to give their date of birth.

### QUICK CHECKLIST

- This form should be returned by post in the pre paid envelope provided. You can also return your form by fax and email as a scanned attachment to numbers/address given below.
- The form should be completed in CAPITAL LETTERS except for your signature, and in BLACK ink.
- You are required to give your date of birth.
- If your proxy has asked for your ballot paper to be posted to them they will also need to provide personal identifiers and they will be sent a form.
- Prior to an election taking place you will receive a proxy voter's poll card or letter informing you of the date of the election.
- **Code of Data Matching Practice.** This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

## WHAT TO DO WITH THIS FORM

Fill in the form and send or take it to Electoral Services at Wandsworth Council.

Electoral Services is located in Room 81 on the ground floor of the Town Hall, Wandsworth High Street, SW18 2PU.

The entrance to the reception area is in Fairfield Street. The reception is fully accessible to people with disabilities. An inductive loop and a textphone facility are also available for people with hearing impairments.

If there is anything you do not understand, or if you would like more information, contact:

### Electoral Services

Room 81, Town Hall,  
Wandsworth High Street, London, SW18 2PU

**TELEPHONE** (020) 8871 6023

**TEXTPHONE** (020) 8871 6024

only for those who are deaf or have partial hearing

**FAX** (020) 8871 8382

**EMAIL** electoral@wandsworth.gov.uk

