

Application to vote by post or proxy for an indefinite period on the grounds of blindness or other disability

If you are unable to go to your polling station to vote at an election because of blindness or another disability that is likely to last for a long period, you can use this form to apply to vote by post or to appoint a proxy to vote on your behalf. Please read these notes carefully before completing the form. If you have any questions please phone your local Area Electoral Office (contact details below).

Completing the application form

1 Complete your personal details. The information you provide and your signature may be compared with the information previously given on your registration form to check that they correspond. For further information see the privacy notice on our website or contact us to obtain a paper copy.

2 Provide the reason for the application and if applicable tick the relevant box. If

- you receive the higher rate of attendance allowance; or
- you receive the highest rate of the care component of the disability living allowance; or
- you receive the higher rate of the mobility component of the disability living allowance

because of your disability, you **MUST** enclose evidence such as an official letter. In all other cases you must have the form attested at section 6 by a qualified person. **Please ensure you provide sufficient detail to support your application or your application may be refused.**

Choose to vote by post or proxy.

3 **Voting by post.** Tick the box if you want your ballot paper sent to you at your registered address given at Section 1. If you want your ballot paper to be sent to a different address than your registered address, you must provide a reason for this.

Note: If you apply to vote by post and your application is approved you will **not** be able to vote at a polling station unless you cancel your postal vote.

4 **Voting by proxy.** If you want someone else to vote on your behalf you must appoint him/her and provide his/her details. Your proxy must be aged 18 or over and a British, Irish, European or Commonwealth citizen. A person can only vote as proxy for close relatives and up to two other people at an election. Your proxy can go to your polling station to vote, or they can apply to vote by post. If your proxy requires a postal vote please contact us for guidance.

5 Sign the form to verify that the information provided is correct. If you registered to vote online, for example using a computer or smartphone, you must complete Section A and give your Digital Registration Number (DRN) which was sent to you by the Electoral Office on a Certificate of Registration when your registration was approved. If you registered using a paper form please complete Section B.

6 This section does not need to be completed if you are blind and are registered with a Health and Social Care Trust OR have ticked a box at section 2 and have provided evidence such as an official letter to support your application. In all other cases you must have the form attested by a qualified person to verify that the reason you have given for requiring a postal or proxy vote is correct.

The only persons who by law are qualified to attest section 6 are listed below (the person must also be on the electoral register):

- a registered medical practitioner (i.e. a doctor)
- a registered nurse
- a registered social worker
- a Christian Science practitioner
- a person registered under the Registered Homes (Northern Ireland) Order 1992 as carrying on a residential care home or a nursing home (the applicant must be resident in the home).
- a person in charge of residential accommodation as provided by the Department of Health, Social Services and Public Safety, under article 15 of the Health and Personal Social Services (Northern Ireland) Order 1972 (the applicant must be registered in the accommodation).
- the manager or other person in charge of premises forming one of a group of premises provided for persons of pensionable age or persons with a disability for which there is a resident manager or other person in charge e.g. a fold (the applicant must reside in the premises).

Returning the form

Return the completed form with any supporting documents to your local Area Electoral Office. A list of offices can be found on our website.

More information

You can contact us in one of the following ways:

Area Electoral Office contact numbers:

Ballymena Office	028 9044 6600
Banbridge Office	028 9044 6610
Belfast Office	028 9044 6680
Derry/Londonderry Office	028 9044 6620
Newtownabbey Office	028 9044 6630
Newtownards Office	028 9044 6640
Omagh Office	028 9044 6650

Email: info@eoni.org.uk

Website: www.eoni.org.uk

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Please read the notes carefully before filling in this form.
Please write in black ink and use BLOCK LETTERS.

Making a false statement on this form is a criminal offence.

1 About you

Surname

First Name

Middle Name(s)

Address where you are currently registered in Northern Ireland:

Post Code

Date of birth (DD/MM/YYYY)

National Insurance No.

Tick this box if you have never had a National Insurance Number

Telephone Number (in case of query)

Email address (in case of query)

2 Reason for this application

I am applying for an indefinite postal/proxy vote because:

I am blind and am registered blind by a Health and Social Care Trust. The name of the Trust is:

OR

I have the following disability (insert details below)

I am in receipt of the higher rate mobility component of a disability living allowance because of this disability

I am in receipt of the highest rate of the care component of a disability living allowance because of this disability

I am in receipt of the higher rate of attendance allowance because of this disability

If you tick one of the boxes above you must enclose evidence such as an official letter. Otherwise you must get someone to complete Section 6 (see overleaf).

3 Application to vote by post

Tick this box if you wish to vote by post and you want the ballot paper sent to the address at Section 1.

If you wish to receive the ballot paper at a different address complete the following section. You must provide a reason for this. The address must be in the UK.

Address

Post Code

Reason why postal vote is to be sent to a different address:

4 Application to vote by proxy

I wish to appoint the following person to act as my proxy (see note 4 on who can be appointed as a proxy). I confirm that I have consulted this person and he/she is willing and able to be appointed to vote on my behalf.

Surname

First Name(s)

Address

Post Code

Proxy's relationship to you (if any):

THIS FORM CONTINUES ON THE NEXT PAGE

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5 Signature

If you applied to register online (for example on a computer or smartphone) please complete **Section A**.

If you registered by completing a paper form please complete **Section B**.

If you are unsure or cannot remember how you registered please contact your Area Electoral Office (see notes).

Section A

If you registered using an online form please complete the section below

When you registered you were sent a Certificate of Registration which contains a **Digital Registration Number (DRN)**. This is numerical e.g. 123456.

Please give this number, your application will not be accepted without it.

If you cannot find this number please contact your Area Electoral Office (see notes).

Digital Registration Number:

You must also sign this form in the box below unless you are unable to because of an incapacity or because you are unable to read.

No one else can sign it for you.

Signature

Date

If you cannot sign the form because of an incapacity or because you are unable to read, you must ask a witness to fill in the section below for you.

The person whose details are given on this form has told me that the information is correct. That person is unable to sign the form because of an incapacity/because they are unable to read.

Signature of Witness

Address of Witness

Section B

If you applied to register by completing a paper form please sign below

If you are unable to sign in a consistent and distinct manner you may wish to consider appointing a proxy as your signature may be needed at a later stage in the processing of a postal vote.

Signature

Date

6 Declaration

NOTE you do not need to have this section completed if you are blind and registered with a Health and Social Care Trust or you have ticked one of the boxes in section 2 and have sent evidence such as an official letter. If you have a disability but cannot provide evidence this section must be completed by a qualified person who can attest that the information you have given is correct. Please see note 6 for guidance about who can complete it. **If you do not provide evidence (if applicable) or get your application attested it will be refused.**

This must be completed by a **qualified person** where the applicant has stated in Section 2 that they are unable to vote in person at their polling station due to a disability but they are not registered blind or in receipt of any of the allowances listed at section 2.

Details of attestor

Full name

Address (including postcode)

Qualification (e.g. doctor, nurse – see note 6 of the guidance notes)

Telephone number (in case of query)

Email address (in case of query)

Certify that:

I am registered as an elector.

To the best of my knowledge and belief (give applicant's name):

has the disability specified in Section 2 and cannot reasonably be expected to go in person to their allotted polling station or vote unaided there because of that disability and to the best of my knowledge and belief the disability specified in the application is likely to continue either:

indefinitely OR

for a period of months

Signature

Date