

# 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 will be compared with the information previously given on your registration form to check that they correspond. **If you are unable to sign this form you should consider appointing a proxy as your signature will be needed at a later stage in the processing of a postal vote.**

**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.**

**3** **Choose to vote by post or proxy.**

**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 are unable to sign please see note 1.

**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 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](mailto:info@eoni.org.uk)

Website: [www.eoni.org.uk](http://www.eoni.org.uk)

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

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   /   /

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).**

### FOR OFFICE USE ONLY

PD/ENO	DATE
<input type="text"/>	<input type="text"/>

## 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):

## 5 Signature

You must sign this form in the box below. **No one else can sign it for you.** If you cannot sign the form you should consider appointing a proxy.

Signature

Date

**THIS FORM CONTINUES ON THE NEXT PAGE**

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

**6 NOTE** you do not need to complete this section 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 another 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.**

## Declaration

This must be completed 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.

I, (full name of attestor)

**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

My address

Post Code

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

Telephone number (in case of query)

Signature

Date

## FOR OFFICE USE ONLY

If a 'No' box is ticked initial the relevant section(s) and pass to a supervisor. If all 'Yes' boxes are ticked sign and date the form.

Name as register  Yes  No

Address as register  Yes  No

DOB corresponds  Yes  No

NINO corresponds  Yes  No

Valid reason for absent vote  Yes  No

Applicant signature corresponds  Yes  No

Attestation completed **or** relevant documentary evidence received  Yes  No

Qualification of attestor (if applicable)  Yes  No

### POSTAL VOTE APPLICATION ONLY

Address for postal vote in UK and if not registered address reason given (if applicable)  Yes  No

Signature

Date