

GUIDANCE NOTES

PERMANENT PROXY VOTE – BLINDNESS OR OTHER DISABILITY

1. You should use this form only if you are applying for a proxy vote on the grounds of your blindness or other disability and these grounds are likely to last for more than two years. If the grounds are likely to last for a shorter period you should apply for an absent vote at each election when it is called. Application forms for absent votes at a particular election will be available from our Helpline or on www.eoni.org.uk as soon as the election is called.
2. Please read these notes carefully and make sure you have completed all relevant parts of the form before you submit it. If it is not completed correctly it will be returned to you for correction. If you have any questions please phone our Helpline on 0800 4320 712 (text phone 0800 3284 502).
3. The information you give on the form will be checked. It is a serious criminal offence for any person to give false information on the form. If it is suspected that you have given false information the case will be referred to the police for investigation. A person convicted of giving false information could be sent to prison for up to two years or fined an unlimited amount or both.
4. You do NOT need to have section 6 completed if you send evidence, such as an official letter, that any of the following apply to you –
 - you are registered as a blind person by a Health and Social Care Board
 - you receive the higher rate of attendance allowance
 - you receive the higher rate of the care component of a disability living allowance
 - you receive the highest rate of the mobility component of a disability living allowance
5. **In all other cases you must have section 6 of the form completed by a qualified person.** Some individuals may charge a fee for completing your form. You should ask whether the person is registered as an elector and if there will be a fee before asking them to complete section 6 for you.
6. **The only individuals who, by law, are qualified to complete section 6 are those who are registered as an elector and are –**
 - a) a registered medical practitioner,
 - b) a nurse registered on the register maintained by the Nursing and Midwifery Council under Article 5 of the Nursing and the Midwifery Order 2001 by virtue of qualifications in nursing
 - c) ,a Christian science practitioner,
 - d) the person registered under the Registered Homes (Northern Ireland) Order 1992 as carrying on a residential care home within the meaning of Article 3 of that Order or a nursing home within the meaning of Article 16 of that Order, where you live in such a home,

- e) the person in charge of residential accommodation provided under Article 15 of the Health and Personal Social Services (Northern Ireland) Order 1972, where you live in such accommodation; or
- f) 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, where you live in such premises
- g) a social worker registered under the principal part of the register maintained by the Northern Ireland Social Care Council.

Forms signed by anyone else will be returned.

7. Please either post your completed application, along with any supporting documents, to your local Electoral Office or deliver it, or have it delivered, there. For the address and opening hours of your local office please phone the Helpline or visit www.eoni.org.uk.
8. We will write to you telling you the result of your application normally within 5 working days of receiving it. If you send in your application just before an election it may take us a little longer to deal with it and we may not be able to give you a chance to correct anything in time for that election. Please send in your form as soon as possible.
9. If your application for a proxy vote is granted we will notify your proxy who will be able to vote for you. You will not need to do anything else but please remember to tell your local Electoral Office if your circumstances change or if you move house.
10. You can name as your proposed proxy anyone you wish provided he / she is –
 - a) not subject to any legal incapacity (other than age) to vote at an election; and
 - b) a British, a qualifying Commonwealth or Irish citizen.

But no one will be able to vote for you as a proxy until he/she is 18 years of age and no one can vote as a proxy for more than two electors who are not his/her husband, wife, civil partner, child, grandchild, brother, sister, parent or grandparent.

PERMANENT PROXY VOTE

BLINDNESS OR OTHER DISABILITY

- Please fill in this form in CAPITAL LETTERS and **BLACK PEN**
- Please read the Guidance Notes before completing it.
- **Making a false statement on this form is a crime for which you could be sent to prison for two years or fined an unlimited amount or both.**

For Office Use Only		
Ward	Date	Code

SECTION 1 YOUR DETAILS

Surname

Date of birth (DD/MM/YYYY)

First names (in full)

/ /

National Insurance Number (e.g. AB123456D)

Tick this box if you have never had an NI Number

Registered Address

House / Flat No.

Phone Number

Street Name

email address

Town or city

Postcode

We will only use this if we need to check anything

SECTION 2 – DETAILS OF PROPOSED PROXY

Surname

Address

First names (in full)

House / flat number

Street name

Town / City

Postcode

I have consulted the above named who is my (insert relationship e.g. mother, brother, uncle if any) who is capable of being and willing to be appointed as my proxy. [If you have not consulted the person delete this statement and get the person to complete section 5]

SECTION 3 – REASON FOR APPLICATION

I am applying for a permanent proxy vote because I

(a) am blind

(c) am registered as blind by a Regional Health and Social Care Board

(b) have the following disability

(d) am in receipt of the higher rate mobility component of a disability living allowance

(e) am in receipt of the highest rate of the care component of a disability living allowance

(f) am in receipt of the higher rate of attendance allowance

If you have ticked (c), (d), (e) or (f) you must provide evidence such as an official letter or other document.

PERMANENT PROXY VOTE BLINDNESS OR OTHER DISABILITY

SECTION 4 – SIGNATURE

You must sign this form in the box below, unless you are unable because of blindness or any other disability or because you are unable to read. **No-one else can sign it for you.**

Signature

Date

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 blindness/ other disability/ he/she is unable to read.* (*delete as appropriate)

Signature of witness

Address of witness

SECTION 5 – SIGNATURE OF PROPOSED PROXY

Do not complete this section unless the statement in Section 2 has been deleted

I confirm that I am capable of being and willing to be appointed to vote as the applicant's proxy.

Signature of Proposed Proxy

SECTION 6 – ATTESTATION

Do not have this section completed if you have ticked box (c), (d) (e) or (f) in section 3 and provided evidence.

THIS SECTION MUST BE SIGNED BY A QUALIFIED PERSON IN ALL OTHER CASES. Please see the Guidance Notes for a list of who is qualified. **YOU MUST NOT SIGN IT YOURSELF.**

Full Name

Contact Telephone Number / email address

Work Address

Qualification (e.g. see Guidance notes)

I certify that to the best of my knowledge and belief, (1) the applicant has the disability specified in section 3 and cannot reasonably be expected to go in person to his / her polling station or to vote unaided; and (2) the disability specified in the application is likely to continue for at least two years

Signed

(Your signature will be checked against your electoral registration form. If it does not match or you are not registered your attestation will be invalid)

SECTION 7 – NEXT STEPS

Now send your completed form, and any evidence required (see Section 3) to your local Electoral Office. See Guidance Notes for contact details.

When we process your application we will write and tell you the result..

For official use

Yes

No

Name as register

Address as register

DOB corresponds

NINO same

Valid reason for application or evidence provided

Applicant signature corresponds

Attestation completed (when required)

Yes

No

Attestor on register

Qualification of attestor

Attestor signature corresponds

Proxy completed

As soon as an 'NO' box is ticked enter your name, date and pass form to supervisor

Checked by

_____ **name**

Date
