

GUIDANCE NOTES

PERMANENT POSTAL VOTE – BLINDNESS OR OTHER DISABILITY

1. You should use this form only if you are applying for a postal 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. If you signed your last registration application and cannot now sign this form you should consider applying for a proxy vote instead of a postal vote. That is because at a later stage of the postal vote process you will have to sign a declaration of identity and unless the signature on it corresponds with your signature on your last registration application your vote will not be counted. If you were unable to sign your last registration application you would not have to sign a declaration of identity so you can ask a witness to complete the rest of section 4 for you.
4. 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.
5. You do NOT need to have section 5 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
6. **In all other cases you must have section 5 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 5 for you.
7. **The only individuals who, by law, are qualified to complete section 5 are those who are registered as an elector and are –**
 - a registered medical practitioner,
 - 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,
 - a Christian science practitioner,
 - 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,

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- 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
- 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.
- 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.

8. 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.
9. 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.
10. If your application is granted a ballot paper will be posted to you about two weeks before each election. Please remember to tell your local Electoral Office if your circumstances change or if you move house.

PERMANENT POSTAL 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 name

/ /

Middle names (in full)

National Insurance Number (e.g. AB123456D)

Registered Address

Tick this box if you have never had an NI Number

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 – ADDRESS FOR POSTAL VOTE

If you want the ballot paper sent to your registered address leave this section blank and go to section 3. Complete this section only if you want the ballot paper sent to another address. It must be in the United Kingdom. You must give the reason for the different address.

House / Flat No

Street Name

Town or city

Postcode

Reason

SECTION 3 – REASON FOR APPLICATION

I am applying for a permanent postal vote because I

(a) am blind

(c) am registered as blind by a 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 POSTAL 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

If you cannot sign this form please read Guidance Note 3 before doing anything else.

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/because he/she is unable to read* (*delete as appropriate)

Signature of witness

Address of witness

SECTION 5 – ATTESTATION

Do not have this section completed if you have ticked box (c) or (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 Note 7 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 Note 7)

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; (2) the disability specified in the application is likely to continue for at least two years; and (3) that I am registered as an elector.

Signed

Your signature will be checked against the one on your electoral registration form. If it does not match, or you are not registered, your attestation will be invalid

SECTION 6 – 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		Yes	No
Name as register	<input type="checkbox"/>	<input type="checkbox"/>	Attestation completed (when required)	<input type="checkbox"/>	<input type="checkbox"/>
Address as register	<input type="checkbox"/>	<input type="checkbox"/>	Attestor on register	<input type="checkbox"/>	<input type="checkbox"/>
DOB corresponds	<input type="checkbox"/>	<input type="checkbox"/>	Qualification of attestor	<input type="checkbox"/>	<input type="checkbox"/>
NINO same	<input type="checkbox"/>	<input type="checkbox"/>	Attestor signature corresponds	<input type="checkbox"/>	<input type="checkbox"/>
Address for postal vote in Uk and reason given	<input type="checkbox"/>	<input type="checkbox"/>	As soon as any 'NO' box is ticked enter your name, date and pass form to supervisor		
Valid reason for application or evidence provided	<input type="checkbox"/>	<input type="checkbox"/>	Checked by _____ name		
Applicant signature corresponds	<input type="checkbox"/>	<input type="checkbox"/>	Date _____		