

# Application for Permanent Proxy Vote - Disability

Ref: DP(24)

Read the notes carefully before filling in this form. Write in **BLACK INK** with **BLOCK LETTERS**

## 1 About You

First name(s)

Surname

Your address (where you are registered to vote)

Postcode

Date of Birth //

National Insurance Number

Email/Telephone

## 2 Your Digital Registration Number

If you went online to register to vote, then you **MUST** include your **Digital Registration Number**. Most people register in this way - you should check your DRN at [www.eoni.org.uk/DRN](http://www.eoni.org.uk/DRN)

## 3 About Your Proxy

Proxy first name(s)

Proxy surname

Proxy Date of Birth //

Address proxy registered to vote in the UK

Postcode

## 4 Your Signature

**I have a disability and cannot attend my polling station.** To the best of my knowledge and belief my details on this form are accurate. It is a crime to give false information.

Signature

Today's date //

### or Witness Signature

I cannot sign this application – a witness must sign

Signature of Witness

**You must either complete 5a OR if you do not satisfy any of the options listed, you must have a healthcare professional complete section 5b**

## 5a Disability (Benefit / Registered Blind)

I am in receipt of/registered with the following AND I provide evidence attached to my application:

☐ DLA/PIP with higher rate of Mobility Component

☐ DLA with highest rate of Care Component

☐ PIP with higher rate of Daily Living Component

☐ Attendance Allowance with higher rate payment

☐ Registered Blind with local Health & Care Trust

☐ Tick to confirm you have attached evidence

## 5b Disability Information (Attestation)

**This section must be completed by a healthcare professional who attests to your disability.**

Attestor first name(s)

Attestor surname

Attestor address

Postcode

I, the attestor, am qualified to support this application as I am a:

☐ Registered nurse ☐ Registered social worker

☐ Registered medical practitioner (doctor) ☐ Christian science practitioner

☐ Person in charge of nursing/residential Care Home or Fold

I, the attestor, confirm that:

- I have seen/cared for the applicant due to their disability

**AND**

- This person cannot in the near future attend their Polling Station to vote due to their disability

Signature of Attestor

# Application for Permanent Proxy Vote - Disability



If you have a disability and are unable to go to your Polling Station to vote at elections, you can use this form to apply for a **permanent proxy vote**. This is where you appoint someone to vote on your behalf at your Polling Station on election day.

You must be registered to vote to apply for a proxy vote. If you are unsure if you are registered to vote, go online and check at [www.eoni.org.uk/can-i-vote](http://www.eoni.org.uk/can-i-vote)

**1** Complete your personal details. You can get your National Insurance Number online at [www.gov.uk/lost-national-insurance-number](http://www.gov.uk/lost-national-insurance-number). Providing contact information is optional – either a telephone number or an email address.

Your information will be checked with the electoral register and, if inaccurate your application will be rejected.

**2** If you went online to register to vote, then you **MUST** provide your **Digital Registration Number (DRN)**. Most people register in this way - you should check your DRN at [www.eoni.org.uk/DRN](http://www.eoni.org.uk/DRN)

If you do not know your DRN, you can request it online at [www.eoni.org.uk/DRN](http://www.eoni.org.uk/DRN) or find it on your letter of electoral registration confirmation.

If your application is rejected on these grounds, we will treat it as a request for your DRN and send it to you.

**3** Provide details of the person you wish to appoint as your proxy. Your proxy must be registered & entitled to vote at the election and will need to attend your Polling Station to vote for you. A person can only be appointed as a proxy for 2 electors living in Northern Ireland at the election.

**4** Sign & date the form to verify the information you provided is correct. If you cannot sign the form due to a disability or an inability to read/write, someone else must witness and sign your application.

**5a** If you are in receipt of certain benefits (listed) or are registered blind with a Health & Care Trust, please tick the relevant box.

If applying under this section **you must provide written evidence** with your application - such as a copy of an official letter. If this is not included your application will be refused.

**5b** If you do not meet any of the conditions in 5a then you must have section 5b completed instead. Your application must be attested – this is where someone confirms the information is true.

Only a

- registered nurse,
- registered medical practitioner (doctor),
- Christian science practitioner,
- registered social worker or
- person in charge of a nursing/residential Care Home or Fold

can complete this for you.

That person must have seen or cared for you in connection with your disability.

## Contact us:

Email: [av.info@eoni.org.uk](mailto:av.info@eoni.org.uk)  
Web: [www.eoni.org.uk/contact-us](http://www.eoni.org.uk/contact-us)  
Phone: 028 9044 6680

Privacy notice: see [www.eoni.org.uk/Privacy-Notice](http://www.eoni.org.uk/Privacy-Notice)

Post completed applications to:  
**Electoral Office for Northern Ireland  
(Absent Votes)  
Colby House  
Stranmillis Court  
Belfast BT9 5TA**