

Application for Permanent Postal Vote - Disability

Ref: DA(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

3 Address to send my postal vote to

☐ Send my postal vote to the address at Section 1

OR I want my postal vote sent to the UK address below

Postcode

Reason for different address

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 Postal Vote - Disability



If you have a disability and are unable to go to your Polling Station to vote, you can use this form to apply for a **permanent postal vote**. This is where your ballot paper is posted to you before election day, for you to complete and return by post. Postal votes are sent out up to 2 weeks before election day.

You must be registered to vote to apply for a postal vote. If you are unsure if you are registered to vote, go online and check at 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. 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** include your **Digital Registration Number (DRN)**. Most people register in this way - you should check your DRN at www.eoni.org.uk/DRN

If you do not know your DRN, you can request it online at 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 Tick the box if you want your postal vote sent to your address at Section 1.

Otherwise write in the alternative address you want your postal vote sent to. You must provide a reason for this.

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 linked to the disability claim. 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
Web: www.eoni.org.uk/contact-us
Phone: 028 9044 6680

Privacy notice: see www.eoni.org.uk/Privacy-Notice

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