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| DEAR VOTER | Roger Mennie -  Electoral Registration Officer  21 City Square  Dundee  DD1 3BY  Email address:ero@dundeecity.gov.uk  If calling please ask for Electoral Registration Office on (01382) 434444 | |
|  |  |

Dear Voter,

**PROXY VOTING REQUEST**

I enclose, as requested, a form for you to apply to vote by proxy at elections. Please complete the form following the guidelines below.

##### Section 1

Enter your address, if it has not already been pre-printed (if pre-printed, please correct any mistakes).

##### Section 2

Enter your full name, title and telephone number if they have not already been pre-printed (if pre-printed, please correct any mistakes)

Section 3

You need to decide if you wish to have a proxy vote:-

for all elections until you tell us otherwise;

for all elections that you already know will be held on a particular date;

for all elections held between two dates (you may be on holiday or otherwise unable to vote in person at a polling station between these dates.

#### Section 4

You can choose to vote by proxy at all types of elections, for parliamentary elections only, or for local elections only. If you are unsure, then we would recommend that you choose to vote at ‘All’ elections as you may lose your right to vote for one type of election if multiple elections are held on the same day.

Section 5

Enter the name and address of your proxy and state their relationship to you (if any).

Section 6

You must enter your date of birth in the format DD/MM/YYYY and then sign the form. Please note that your date of birth and signature must be kept within the borders provided. Failure to do so will mean this application will not be valid.

Section 7

You must give a reason for you application. Depending on the reason you may need to get someone qualified to support that what you say on your application is correct. If you are applying just for one election (Section 7A) for whatever reason, or if you are a registered blind person or in receipt of the higher rate of mobility component of a disability living allowance (Section 7B(i) and (ii)), then you do not need to get anyone to support your application.

If you are otherwise applying because of a physical incapacity you need to get a doctor, registered nurse or Christian Science practitioner to support your application.

If you are applying due to the nature of your occupation or employment, of if you are attending an educational establishment, your application must be supported by someone authorised to sign on behalf of an employer or the educational institution concerned. If you are self-employed, someone who knows you, is not related to you, and who is over 18 years of age can support the application.

|  |
| --- |
| Privacy statement |
| We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the data protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law.  The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.  Some of the information that is collected in this form is classified as special category personal data. This is processed for reason of substantial public interest as set out in Representation of the People Act 1983 and associated regulations. To process this type of information the Data Controller must have a relevant policy document that sets out how this information will be handled.  The Electoral Registration Officer is the Data Controller: Roger Mennie, ERO, 21 City Square, Dundee, DD1 3BY |

If you need any further help or guidance, then please contact the staff in Electoral Registration Officer by either calling in person at the address above or telephoning 01382 434444.

Yours faithfully,



Roger Mennie

Electoral Registration Officer

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| Dundee City Council |

**Application to Vote by Proxy**

**Only one form for each person.** Please read the notes carefully before

completing this form. If you need help filling in this form please phone

01382 434444. Please write in **BLACK INK and BLOCK CAPITALS.**

|  |  |
| --- | --- |
| **1** | **Address where you are registered to vote** |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **2** | **About you** |

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other): Mr

Daytime or mobile telephone or email (Optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **3** | How long do you want to vote by proxy? |

(a) Until further notice

(b) For elections on the following date

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

Day Month Year

(c) For elections between the following dates

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From |  |  |  |  |  |  |  |  |  |  |

Day Month Year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Until |  |  |  |  |  |  |  |  |  |  |

Day Month Year

|  |  |
| --- | --- |
| Please SIGN in the box below using BLACK ink | |
|  |  |  |
|  |  |  | |
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| --- | --- |
| **4** | Proxy vote for which elections |

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

|  |  |
| --- | --- |
| **5** | **Name and Address of appointed proxy** |

First name(s) (in full) Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Address

Relationship to you (if any)

|  |  |
| --- | --- |
| **6** | **Your declaration** |

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf. As far as I know, the details on this form are true and accurate. You can be fined for making a false statement on this form.

**Date of birth (e.g. 02 05 1965)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Day Month Year**

**Important – keep signature within the border**

If you fail to do this, the application will not be valid.

**Date of signing**

PLEASE RETURN FORM TO

Electoral Registration Officer, 18 City Square, Dundee, DD1 3DB.

NOW COMPLETE SECTION 7 OVERLEAF, GIVING THE REASON FOR YOU APPLICATION

|  |  |
| --- | --- |
| **7** | Reason for your application |

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 7A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts 7B(i) and (ii)). For other reasons you will need to get someone to support your application.

|  |  |
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| **7A** | One election only |

I am unable to attend my polling station at the election indicated in Part 3 because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please state the reason e.g. “I am away on holiday” etc. You do not need anyone to support your application)*

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| **7B** | Physical Incapacity |

Either: (i) I am registered as a blind person by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Council

Or: (ii) I receive the higher rate of the mobility component of the disability living allowance because of a physical incapacity, which is:

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*(Please state the nature of your incapacity)*

Or: (iii) I suffer from a physical incapacity, which is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please state the nature of your incapacity)*

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please tick this box.

**Declaration in Support**

If you filled in Sections 7B (i) or (ii) you do not need anyone to support your application

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue \*indefinitely / \*for the period specified in part 3 overleaf.*

*If a doctor, a registered nurse or Christian Science practitioner: the applicant is receiving treatment or care from me for the incapacity stated.*

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Qualification/\* Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a doctor, nurse or Christian Science practitioner.*

*If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a0 a resident warden of sheltered accommodation, or a head of home, or a person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.*

|  |  |
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| **7C** | Occupation or Employment |

\*I am/\* my spouse is \* employed by/\* attending an education course at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as a: (describe job)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tick box if self employed

I cannot reasonably be expected to go to my polling station at elections because

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please give reason*

**Declaration in Support**

*I certify that to the best of my knowledge and belief the above statement is true*

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*