

# Application to vote by Proxy

Only one person per form please. If more forms are needed, please photocopy, contact Electoral Registration Section or visit the website [www.salford.gov.uk](http://www.salford.gov.uk) **Please use BLOCK LETTERS.**

## 1. About you

Surname (family name)

Other names (in full)

Present address

Post Code:

Address where you are registered to vote (if different from your present address)

Post Code:

## 2. About your proxy

Surname (family name)

Other names (in full)

Relationship to you (if any)

Present address

Post Code:

Tick this box if you think your proxy may not be able to vote on your behalf at your polling station and may wish to apply for a postal vote

## 3. For how long do you want a proxy vote?

(Fill in whichever part applies)

I wish to vote by proxy at **all elections whilst I am still at my present address** (tick box)

**OR** at elections held on

(date)

*These apply*

**OR** at elections held between

(date)

*to reasons*

and

(date)

*A to G, set*

*out overleaf*

## 4. Your signature

**Each person has to sign his or her own form. If it is not signed, the form will be sent back to you.** It is an offence to make a false statement on this form; the maximum fine is £5,000.

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

Signed:

Date:

In case we have a query, please give:

Daytime telephone number

e-mail address.

(You do not have to give these, but it helps us contact you if there is something unclear about your form)

## 5. Proxy's signature\*

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

\*if your proxy is also signing this form

Signed:

Date:

**Now please complete section 6 overleaf, giving reasons for your application.**

Notes:

1. Your proxy must be able to vote in the type of election concerned, although he/she need not currently be registered as an elector.
2. A person cannot vote as proxy for more than 2 voters, including yourself, unless he/she is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter.

## 6. Why you are applying

Please complete whichever of parts, A, B, C, D, E, F, or G applies to you, including the other signatures where needed

**A** I suffer from a **physical incapacity**, which is

### Declaration in support

I confirm that to the best of my knowledge and belief the applicant is suffering from the incapacity stated above [for which I am treating him/her] [for which he/she is receiving care from me]; that he/she cannot reasonably be expected to go in person to his/her polling station or to vote unaided there; and that the incapacity is likely to continue [indefinitely] [for the period specified overleaf].

Signed: ..... Name: ..... Date: .....

Address .....

Qualification\* .....

\* This declaration must be made by a doctor, registered nurse or Christian Science practitioner.

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

### Declaration in support

Signed: ..... Name: ..... Date: .....

Address .....

Position\* .....

\*A person is entitled to make this declaration who is (1) A resident warden of sheltered accommodation, or a head of home, or other person registered under Part I of the Registered Homes Act 1984 as carrying on a residential care home or (2) a person in charge of local authority residential accommodation.

**C** I am registered as a **blind person** by the

**Council**

**D** I receive the higher rate of the mobility component of the disability living allowance, because of a **physical incapacity**. This incapacity is

**E** \*~~[I am]~~ \*~~[my husband/wife]~~ is \*~~[employed by]~~   
\*~~[attending an educational course at]~~

\* *cross out whichever does not apply*

describe job or  
type of course

and I cannot reasonably be expected to go to my polling station to vote because *(give reason)*

### Declaration in support †

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

Signed: ..... Name: ..... Date: .....

Address .....

Position .....  
the

† This must be signed by a person authorised to sign on behalf of employer or educational institution concerned

**F** I am / my husband/wife is **self employed as** (describe job)

and I cannot reasonably be expected to go to my polling station to vote because *(give reason)*

### Declaration in support

I am **18 or over**, know the applicant and **certify** that to the best of my knowledge and belief **the statement above is true.** I am not related to him/her.

Signed: ..... Name: ..... Date: .....

Address .....

**G** I cannot reasonably be expected to go to my polling station to vote because it would involve a journey by sea or air.  (tick box if this applies)

Please return to:

Elections Office, Salford Civic Centre, Swinton, M27 5DA

**Helpline 0161 793 3195**

Email: [elections@salford.gov.uk](mailto:elections@salford.gov.uk)