

Richmondshire District Council



'Emergency' Application to vote by proxy

Please use black ink and BLOCK CAPITALS.

Please read all notes before completing this form.

1 Address where you are registered to vote

5 Reason for application

Please give your incapacity, occupation, service, or employment (if this prevents you personally attending the polling station):

Please give the date and time this happened:

2 About you

Please complete your name(s) in full

First name(s):

Surname:

3 Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

4 Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

Signature: Keep within the border and use **BLACK INK**.

I cannot supply a signature because

Date:

6 Proxy vote for which elections?

All elections you are entitled to vote at

☐

Local elections

☐

Parliamentary or Referendums

☐

For election(s) on

Day

Month

Year

7 Proxy declaration

I am capable and willing to be appointed to vote as the applicant's proxy

Proxy's signature:

Date:

Day / Month / Year

8 Proxy details

Please complete your proxy's details as fully as possible

Name:

Address:

Family relationship (if any):

Continued.....



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9 Support for this application

To be completed by the Supporter
as fully as possible

Name of Support:

Address of Support:

Qualification of support:

Date of elector's
incapacity/circumstance
preventing voting:

Day / Month / Year

10 Supporter's declaration

- * I am properly qualified to support this application.
- * I am treating the applicant for the incapacity, or the person is receiving care from me in respect of that incapacity.
- * The person cannot reasonably be expected to go in person to the allotted polling station or to vote unaided there by reason of their incapacity/employment/service/occupation.
- * The information is true to the best of my knowledge and belief and the person's inability to vote in person occurred on the date I entered in section 9.

Supporter's
signature:

Date:

Day / Month / Year



Please return this form to

Where to send your completed application

Richmondshire District Council
Mercury House
Station Road
Richmond
DL10 4JX



For Office Use Only

Please do not write in the space below



Notes

This application must only be used if you became physically incapacitated or will be absent in relation to occupation, employment or service, and are applying after 5pm on the sixth day before the particular poll date entered in section 5.

Section 1 Your address on the Register of Electors

Section 2 Your first name(s) and surname

Section 3 Your date of birth – if not completed, an absent vote cannot be granted

Section 4 You must sign and date this section otherwise your application will be rejected

Section 5 Give the details of your physical incapacity

Section 6 The date of the election for which you are applying

Section 7 Your proxy may sign this section but the proxy application can be allowed without

Section 8 Name and address of your appointed proxy, along with your family relationship to your proxy, if applicable

Section 9 To be completed by a registered medical practitioner, a registered nurse, a registered dentist, a registered dispensing optician or optometrist, a registered chiropractor, a person registered under the Health Professions Order 2001 or Christian science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application. For occupation, service or employment reasons by your employer (or delegated employee); if self-employed by someone who knows but is not related to you.

Section 10 Your supporter must sign and date this section otherwise the application will be rejected

- The person you wish to appoint as your proxy can only act as proxy if they are 18 or over and they are (or will be) registered individually for that election or referendum.
- A person may not act as proxy for more than two electors, including you, unless s/he is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter