

WAIVER APPLICATION FOR PROXY VOTE

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 0117 9223400.

Please write in BLACK INK and use BLOCK LETTERS

1. Address where you are registered to vote

2. About you

First name(s) (in full) _____

Surname _____

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

Daytime or mobile telephone or email (Optional) _____

3. How long do you want to vote by proxy?

- (a) Until further notice
- (b) For election(s) on the following date

Day	Month	Year			
- (c) For elections between the following dates

Day	Month	Year					

Day	Month	Year					

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

As far as I know, the details on this form are true and accurate.

It is an offence to give false information on this form.

Date of Birth (e.g. 02 05 1965)

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Please state reason for Waiver requirement

Name of person assisting you (if applicable) _____

Address of person assisting you (if applicable) _____

Signature of person assisting _____

Date of application _____

7. Reason for your application

Please complete the applicable section of this form. Please note that if you are applying for a one off election, registered blind or you receive a higher rate of the mobility component of the disability living allowance then you DO NOT need anyone to support your application.

7A. One election only

I am unable to attend my polling station at the election indicated in Part 3 because: (away on holiday) etc

7B. Physical incapacity

Please tick one of the following:

I am registered blind

I receive the higher rate of the mobility component of the disability living allowance

I suffer from a physical incapacity (Declaration in support required)

Declaration in Support

If you are registered blind or receive a higher rate of the mobility component 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, a registered nurse or Christian Science practitioner.*

If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or other 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.

7C. Occupation or employment

Me or my spouse is employed by:

or

Me or my spouse is attending an educational course at:

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 of age or over, and is not related to the applicant.*