

# Spelthorne Borough Council

# Application to vote by proxy

Please use **BLACK INK** and **BLOCK CAPITALS**..

Please read all the notes before completing this form.

<b>1 About you</b> , only one person's details per form.	
First names in full:	
Surname:	
<b>2 Address</b> and postcode where you are registered to vote	
<b>3 Your daytime telephone number or email.</b> (You do not have to give these but it may help us resolve any queries quickly.)	
<b>4 Reason for application</b> (Illness, working away, on a course, holiday please give full details)	
<b>5 How long do you want a proxy vote for?</b>	
Until further notice	Yes <input type="checkbox"/> No <input type="checkbox"/>
For the election(s) on	Day / Month / Year
For all election(s) until	Day / Month / Year
<b>6 Proxy details</b>	
Name of Proxy	
Address of Proxy	
Postcode	
Your relationship to proxy (if any)	
<b>7 Your declaration.</b> As far as I know, the details on this form are true and accurate. The person named above as my proxy is willing and able to vote for me.	
Your signature:	
Date:	Day / Month / Year
For Office use	

<b>8 Support for this application</b>	
Name of support	
Address of support	
Postcode	
Qualification of support	

<b>9 Supporters declaration</b> I am properly qualified to support this application. I am not related to the person I am over 18 years old	
<input type="checkbox"/> I am treating the applicant for long-term illness or disability, or the person is receiving care from me <b>OR</b> <input type="checkbox"/> I employ the applicant or their spouse and their work takes them away from home for long periods of time <b>OR</b> <input type="checkbox"/> I know the person applying (In the case of self employed applicants)	
Signature:	
Date:	Day / Month / Year

## Notes about this form

### You can either apply for a proxy vote

- for all future election
- for a specific election date
- until a fixed date

### Your application DOES NOT have to be supported if;

- you are applying because you are registered blind  
(please provide you registered number)
- you are in receipt of a higher rate of mobility allowance  
(please provide you allowance number)
- you are applying for a specific election due to temporary illness, work commitments, away on holiday or have not had time to re-register.

### Your application DOES have to be supported if;

- you have a long term illness or disability which makes it difficult for you to vote in person.  
(Your application must be supported by a registered medical practitioner, a registered nurse or Christian science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support you application.)
- your job, or that of your spouse, may take you away from home for long periods at a time (e.g. travelling salesman, long distance lorry driver)  
(Your application must be supported by your employer or your spouse's employer. If you are self-employed, then the supporter must be 18 or over, know you, and not be related to you.)

### Please return this form to:

Electoral Services, Spelthorne Borough Council,  
Offices, Knowle Green, Staines, Middlesex. TW18 1XB  
Helpline: 01784 446232/8