Elections to be held on 22 May 2014

Late application to vote by post or proxy on the grounds of unforeseen illness

There are two elections on 22 May. If you are unable to go to your polling station to vote because of an illness of which you were not and could not reasonably be expected to have been aware of before 5.00pm on Thursday 1 May 2014, you can use this form to apply to vote by post or proxy at both elections. Please read these notes carefully before completing the form. If you have any questions please phone the Electoral Office Helpline on 0800 4320 712. The deadline for the receipt of completed applications is 5.00pm on Wednesday 14 May 2014.

Completing the application form

1. Complete your personal details. The information you provide will be compared with the information previously given on your registration form.

2. Provide the reason for the application. Provide full details of the illness that you were not, and could not reasonably be expected to have been, aware of before 5.00pm on 1 May 2014.

3. Sign the form to verify that the information provided is correct.

4. Choose to vote by post or proxy.
   - **Vote by post** if you want your ballot papers sent to you. If you want your ballot papers to be sent to a different address than your registered address, you must provide a reason for this.
   - **Vote by proxy** if you want someone else to vote on your behalf. Your proxy must be aged 18 or over and a British, Irish, Commonwealth or European citizen.

   A person can only be the proxy for close relatives and up to two other people at the same election. Your proxy must go to your polling station to vote, or they can vote by post.

5. Have the form attested to verify that the reason you have given for requiring a postal or proxy vote is correct. It must be signed by a registered medical practitioner (i.e. a doctor), a registered nurse or a Christian Science practitioner. That person must be listed on the electoral register and be treating the applicant in connection with the illness or providing care to them.

Returning the form

Return the completed form to your local Area Electoral Office by 5.00pm on 14 May. A list of offices can be found on our website or contact the Helpline who will advise you of the address (details below).

More information

You can contact us in one of the following ways:

Helpline: 0800 4320 712
Email: info@eoni.org.uk
Website: www.eoni.org.uk
Elections to be held on 22 May 2014

Late application to vote by post or proxy on the grounds of unforeseen illness

Please read the notes carefully before filling in this form. Please write in black ink and use BLOCK CAPITALS. Making a false statement on this form is a criminal offence.

1 About you

Surname

First Name

Middle Name(s)

House/flat no.

Street Name

Town/City

Post Code

Date of Birth

National Insurance No.

☐ Tick this box if you have never had a National Insurance Number

Telephone Number (in case of query)

2 Reason for this application

I cannot reasonably be expected to vote in person at my polling station on 22 May because of circumstances relating to my health of which I was not aware before 5.00pm on 1 May 2014. The nature of my illness is:

3 Signature

You must sign this form in the box below. No one else can sign it for you.

Signature

Date

4 Application to vote by post

☐ Tick this box if you wish to apply by post and you want the ballot papers sent to the address at Section 1.

You only need to complete the following section if you want the ballot papers sent to a different address. You must provide a reason for this. The address must be in the UK.

House/flat no.

Street Name

Town/City

Post Code

Reason why postal vote is to be sent to a different address:

5 Application to vote by proxy

I wish to appoint the following person to act as my proxy and confirm he/she is willing and able to be appointed to vote on my behalf.

First Name(s)

Surname

House/flat no.

Street Name

Town/City

Post Code

Proxy’s relationship to you (if any):
Late application to vote by post or proxy on the grounds of unforeseen illness

This must be completed by a registered medical practitioner (i.e. a doctor), a registered nurse or a Christian Science practitioner. That person must be listed on the electoral register and treating the applicant in connection with the illness or providing care to them.

I certify that:

I am registered as an elector.

I am treating the applicant in connection with the illness specified in Section 2 or the applicant is receiving care from me in respect of that illness.

To the best of my knowledge and belief the applicant:

is suffering from the illness or other health related matter specified in Section 2;

is likely to be suffering from that illness on 22 May 2014;

could not reasonably have foreseen these circumstances before 5pm on 1 May 2014;

because of this, cannot reasonably be expected to vote in person at his/her polling station.

Attestation - This section must be completed by another person who can attest that the information you have given is correct. Please see Note 6 for guidance about who can complete it.

FOR OFFICE USE ONLY

As soon as any 'No' box is ticked enter your name, date and pass form to supervisor.

Signature

Date