PROXY - MEDICAL EMERGENCY FOR ONE ELECTION ONLY

Birmingham City Council

FOR OFFICE USE
Elector No Barcode Elector No H/Code

If you need help filling in this form please phone 0121 303 2731. Please write in **BLACK INK** and use **BLOCK CAPITALS**.

1. Address where you are registered to vote

2. About you

First name(s) in full

Surname

Daytime or mobile tel no. or e-mail (optional)

3. At which election(s) do you want a proxy vote?

For the election(s) held on:

Day Month Year

DECLARATION

Each person must sign their own form. The form will be returned if it is not signed. It is an offence to make a false statement on this form. Maximum fine £5000.

I apply for a proxy vote on the grounds set out on this form. My proxy is willing and able to vote on my behalf. As far as I know the information on this form is true and accurate.

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

Day Month Year

Please SIGN in the box below using BLACK ink

Important – keep signature within the border

If you fail to do this, the application will not be valid.

Date of signing

Please complete all sections overleaf before signing the Declaration

Only one form per person please.

Return to: The Elections Office, 150 Great Charles Street, Birmingham, B3 3HS, or fax: 0121 212 1065 or email: elections@birmingham.gov.uk

Further forms can be requested by tel: 0121 303 2731 or via www.birmingham.gov.uk/elections

4. Who do you want to appoint as your proxy?

Your proxy must be over 18, entitled to vote at the election and not voting as proxy for more than 2 people (other than close family). You must consult the person you are appointing to make sure they are willing and able to vote for you.

Proxy's Full Name _____

Proxy's relationship to you (if any) _____

Proxy's Address

_____

_____ Postcode _____

5. Physical Incapacity

I suffer from a physical incapacity which is (give details) _____

_____

_____ I became incapacited on (date) _____

Supporter's name and signature. You **must** get a properly qualified person to support what you say.

If you are in a residential care home or sheltered housing, the Head of Home or Warden can support this application (but not a care assistant):

To the best of my knowledge and belief, the person named overleaf:

a) is suffering from the physical incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided

b) and became incapacitated on (date)

If completed by one of the following: a doctor, dentist, optician, pharmacist, osteopath, chiropractor or psychologist; a registered nurse; a registered health professional; a registered social worker; a registered mental health manager or their representative or a Christian Science practitioner:

The applicant is receiving treatment or care from me for the incapacity stated.

Supporter's name

Supporter's signature

Date

Supporter's address

Your qualification to support this application

Once you and your supporter have completed all sections above, you must complete and sign the Declaration overleaf