

Application to vote by emergency proxy for medical companions at a Scottish Parliament election

The
Electoral
Commission

Voting by proxy

Proxy voting means that if you cannot vote in person, you can have someone you trust vote on your behalf.

You can use this form to apply to vote by emergency proxy if you cannot vote in person because you are accompanying someone who will receive, or is likely to receive, medical care or treatment on the date of the poll. This applies only to a Scottish Parliament election.

To vote by proxy, both you and your proxy must be registered and eligible to vote.

At a Scottish Parliament election, a person can only be a proxy for close relatives and up to two other people. Close relatives are the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of the applicant.

For more information, visit electoralcommission.org.uk/proxyvote.

How do I apply to vote by proxy?

- Ask someone who is willing and capable to be your proxy and vote on your behalf.
- Fill in the proxy vote application form. You will need someone to support your application.
- Make sure all required sections of the form are complete and provide your date of birth and signature. This information is needed to prevent fraud. If you are unable to sign this form, please contact your local electoral registration office.
- This form can only be used **after 5pm, on the sixth working day before the poll**.
- Your form must arrive at your local electoral registration office **before 5pm, on the day of the poll**.
- **Return your form to your local electoral registration office.** You can find their details and more information at electoralcommission.org.uk/voter.

Please do not return your form to the Electoral Commission.

You must already be registered to vote to apply for an emergency proxy vote. The deadline to register to vote is **midnight, 12 working days before the poll**. If you are not registered, go to gov.uk/register-to-vote for information about registering to vote in future elections.

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Who can support my application?

Your application must be supported by someone who is aged 16 years or over and knows you but is not related to you. The person must also be able to confirm that you cannot vote in person because you are acting as a medical companion to another person on the date of the poll and the reason why you were not able to make the application before 5pm, on the sixth working day before the date of the poll.

What happens after I have returned this form?

- Your local electoral registration office will confirm if your application has been accepted or rejected.
- Your local electoral registration office will tell your proxy when and where to vote on your behalf.
- You must tell your proxy how you want them to vote on your behalf, for example, which candidate or party.
- If it turns out that you are able to go to the polling station on polling day, you can vote in person as long as your proxy has not already done so.

Privacy statement

The Electoral Registration Officer is the Controller. Their lawful basis for collecting the personal information in this application form is that the processing is necessary in order to perform a task in the public interest as set out in the Representation of the People Act 1983 and related legislation.

The Electoral Registration Officer is legally required to process your personal information securely and comply with data protection legislation. For further information you should refer to their privacy notice. You can find their website address and contact details at electoralcommission.org.uk/voter.

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Only one person can apply to vote by emergency proxy using this form

Please write in black ink and use CAPITAL LETTERS. When you have completed the form, send it to your local electoral registration office. You can find their address at electoralcommission.org.uk/voter.

1 About you

Last name

First name(s) (in full)

Your address (where you are registered to vote)

Postcode

Phone number (optional)

Email (optional)

Giving your email and phone number helps us to contact you quickly and easily about your application.

2 About your proxy (the person you have chosen to vote on your behalf)

Full name

Family relationship (if any)

Full address

Postcode

Phone number (optional)

Email (optional)

3 At which election do you want a proxy vote?

I want to vote by proxy at the election to be held on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

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4 Your date of birth and declaration

Declaration: I have asked the person I have named as my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

I cannot vote in person at the polling station because I am accompanying someone who will receive, or is likely to receive, medical care or treatment on the date of the poll.

To the best of my knowledge and belief, the details on this form are true and accurate.

I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to six months and/or a fine.

Date of birth: Please write your date of birth in the boxes below using black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Signature: Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your electoral registration office.

5 Date of application

Today's date

D D M M Y Y Y Y

6 Supporter for this application

Supporter's full name

Supporter's address

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.....

.....

Postcode

Email or phone number (optional)

Please provide the reason why the applicant was not able to make the application before 5pm, on the sixth working day before the date of the poll.

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Declaration:

- I am aged 16 years or over
- I know the applicant
- I am not related to the applicant
- To the best of my knowledge and belief, the applicant cannot reasonably be expected to vote in person because they are accompanying someone who will receive, or is likely to receive, medical care or treatment on the date of the poll.

Supporter's signature

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y