

APPLICATION FORM FOR PRE-POLL HOME VISIT

Elections (Jersey) Law 2002

In accordance with Article 42(11) of the Elections (Jersey) Law 2002, if you have not registered for postal voting and you are unable to attend the Pre-Poll Voting Office to register your vote due to illness, disability or illiteracy you may request an Officer of the Judicial Greffe to visit you at home to enable you to cast your vote.

Please complete your details below and return your form to the Pre-Poll Voting Office (address below) and an Officer will visit you at the home address stated with ballot papers for you to complete between the 13th - 17th June. 2022.

PLEASE NOTE THAT DUE TO COVID-19 PRECAUTIONS, OFFICERS WILL NOT BE ABLE TO ENTER RESIDENTIAL PREMISES AND THEREFORE VOTERS MUST ENSURE THAT THERE IS SOMEONE AT HOME WHO IS ABLE TO HAND THE PAPERS TO THE VOTER IF THEY ARE NOT MOBILE. OFFICERS WILL TELEPHONE UPON ARRIVAL AT THE PREMISES WITH INSTRUCTIONS.

If you are unable to complete this application form, please telephone 441366 (on or after the 1st June) and a Voting Officer will take your details and complete the form on your behalf.

If you have a full-time carer who also wishes to cast their vote at the same time, and who has not registered for postal voting, please ask them to complete a separate form or if telephoning, please let the Officer know.

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I would like to register my vote, I have not registered for postal voting and am unable to attend a Polling Station or the Pre-Poll Voting office. Therefore, I request an Officer to visit me at the address given below.							
	I am the full time carer of (Name & address)						
who has requested an Officer to make a home visit and I would also like to cast my vote when the Officer visits. I confirm that I have not already registered for postal voting.							
	Please place a	tick in the boxes for	r each electi	on that you wo	uld like a bal	llot paper for	
		Deputies		Constable			
Please print your full names:							
TITLE (Mr, Mrs, Miss etc):							
FULL NAME(S): (not just initials please)							
SURNAME:							
ADDRESS:							
PARISI	H:						
POST (CODE:						
CONTA	ACT TELEPHONE NO.						
Signed Date:							
Electo	ral number	(if knowr	n) D	istrict		(if known)	

Please scan your signed form back to: VotingApplications@courts.je or alternatively send by post to: Mrs Nicola Southouse, Postal & Pre-Poll Voting Manager, Judicial Greffe, Royal Court House, Royal Square, St Helier, JE1 1JG.