

APPLICATION FOR ANONYMOUS REGISTRATION

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01386 565437.

Please write in BLACK INK and use BLOCK LETTERS



1. Address where you are registering to vote

5. Reason for application (continued)

My safety would be at risk if my name was on the register because

2. About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Daytime or mobile telephone or email (Optional)

Please give your date of birth if you are 16 or 17

6. Your Declaration

As far as I know, the details on this form are true and accurate. I confirm that I am a citizen of the UK, a commonwealth country, Ireland or another European Union member state.

Any evidence (court or attestation) I have enclosed to support my application is genuine. Any evidence I have given of living in a household of someone at risk is genuine. I understand that it is an offence to give false information on this form.

Signature

Please tick the box if you are over 70 (Does not apply in Scotland)

Date

3. Correspondence address (optional)

You may supply an alternate address for which you wish to receive correspondence

7. Other Information

Address where you were previously registered to vote

4. Reason for application

I am applying for anonymous registration because (tick one box only)

I am the person at risk

I live in household of someone at risk

Previous local council (if known)

Your name will be taken off the register for your previous address. However, if you believe you should still also be registered at your old address, please say why below

8. Evidence to support my application

You must meet one of the requirements below. Please tick which one applies

I have enclosed a court order or injunction which is for the protection of or benefit of me or someone in my household. That document is in force today.

My application is supported by a qualified person who has completed the Attestation.

I enclose a copy of a court order or an attestation and proof of my address (e.g. a photocard driving licence) that I am in the same household as the subject of the attestation.

9. Attestation (if applicable)

To be completed only by a qualifying officer

I certify that the safety of the applicant, or another person of the same household, would be at risk if the register contained their name or address.

The maximum period (five years)

Another period stated below (minimum 1 year)

Name

Job Title (as a qualifying officer)

Police Force / Local Authority / Other Qualifying Body

Signature

Date

10. Qualifying Officer

A qualifying officer is:

- * the Chief Officer of Police of any police force in England and Wales
- * the Chief Constable of any police force in Scotland or the Police Service of Northern Ireland
- * Director General of the Security Services or Serious Organised Crime Agency

11. Qualifying Officer (continued)

* A Director of Adult Social Services or Children's Services in England, a Director of Social Services in Wales or a Chief Social Work Officer in Scotland

The qualifying officer does not have to be based in the same area as the applicant, but the attestation cannot be delegated to a more junior person within their organisation