

REGISTER OF ELECTORS

Application for inclusion in the Supplement to the Special Voters List

Please read the notes carefully before completing the form.

Part A - Particulars of Applicant

Name: (block letters)								
Address: (block letters)								
Eircode:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></td> </tr> </table>							
Date of Birth:								

Declaration and Application

I hereby declare that I am unable to go in person to vote at a polling station by reason of a physical illness or physical disability **and that I am ordinarily resident at the above address**. I hereby apply to have my name entered in the supplement to the special voters list.

Signature or mark of Applicant:	
Date:	
Witness (in case of mark):	
Daytime/Mobile Phone Number:	
E-Mail:	

Part B - Medical Certificate

This part must be completed in the case of a first application and, in the case of subsequent applications, where required by the registration authority.

I hereby certify that the above named applicant has a physical illness or a physical disability, the nature and extent of which are as follows: _____

and for that reason will be unable to go in person to the polling station to vote. The physical illness or physical disability is likely to continue for: _____

Signature of Registered Medical Practitioner:	
Name of Registered Medical Practitioner: (block letters)	
Address: (block letters)	
Eircode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date:	

NOTES TO FORM SVS 1

Application for inclusion in the Supplement to the Special Voters List

1. The purpose of this form is to facilitate voters with a physical illness or physical disability who are ordinarily resident in a hospital, nursing home or similar institution, who are already on the current register of electors and who wish to be included in the supplement to the special voters list.

While there are no restrictions on when the form may be completed and sent to the registration authority, the latest date for receipt of an application by a registration authority is two days after the date of dissolution of the Dáil in the case of a general election and two days after the polling day order is made in the case of a Dáil bye-election in order to be considered for that election. In the case of a Presidential, European or local election or a Referendum an application must be received by the registration authority at least 22 days before polling day (not including Sundays, Good Friday or Public Holidays) in order to be considered for that election or referendum.

2. **Method of Voting**

At an election or referendum, a ballot paper will be delivered to each person on this list by a special presiding officer accompanied by a member of the Garda Síochána. Having made a declaration of identity, the elector will mark his or her ballot paper in secret and place it in a sealed envelope, which the special presiding officer will convey to the returning officer for the constituency. The returning officer will deal with it in the same manner as he or she deals with ballot papers returned by postal voters.

3. **Who can apply?**

If you are a person described at 1 above but you are not included in the special voters' list, you may apply for entry in the supplement to the special voters' list.

4. **Who fills out the application form?**

The application form is divided into two parts. The applicant must complete Part A of the form. In the case of a first application, Part B of the form must be completed by a medical doctor.

5. Where do I send the application form?

Completed application forms should be sent to your registration authority (City, County or City and County Council).

6. Eircode

Eircode is the national postcode system for Ireland and comprises a unique 7-digit postcode which has been allocated to every address in Ireland.

7. Contact details

Your contact details are being sought in case the registration authority needs to contact you to clarify any details of the application.

8. What happens next?

You will be notified by the registration authority of the decision on your application and, if it is refused, you will be given the reasons for the refusal.

9. It is an offence to fail to give the registration authority any information required for the purpose of their duties or to knowingly give false information.

CLÁR NA dTOGHTHÓIRÍ

Iarratas ó thoghthóirí lena n-ainm a áireamh san Fhorlíonadh a ghabhann le Liosta na Vótálaithe Speisialta.

Léigh na nótaí go cúramach, le do thoil, sula gcomhlánóidh tú an fhoirm.

Cuid A – Mionsonraí faoin Iarratasóir

Ainm: (bloclitreacha)							
Seoladh: (bloclitreacha)							
Eircode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dáta Breithe:							

Dearbhú agus Iarratas

Dearbhaím leis seo nach bhfuil mé in ann vóta a chaitheamh i stáisiún vótaíochta de bharr tinneas coirp nó míchumas coirp a bheith orm **agus go bhfuil gnáthchónaí orm ag an seoladh thuas**. Déanaim iarratas leis seo m'ainm a áireamh san fhorlíonadh a ghabhann le liosta na vótálaithe speisialta.

Síniú nó marc an Iarratasóra	
Dáta:	
Finné (i gcás ina n-úsáidtear marc)	
Uimhir theileafóin i rith an lae/ Uimhir Fóin Póca:	
Ríomhphost:	

Cuid B – Teastas Dochtúra

Ní mór an chuid seo a chomhlánú i gcás an chéad iarratais agus, i gcás iarratas ina dhiaidh sin, má cheanglaíonn an t-údarás clárúcháin amhlaidh.

Deimhním leis seo go bhfuil tinneas coirp nó míchumas coirp ar an iarratasóir thuasainmnithe, agus is mar a leanas cineál agus méid an tinnis nó an mhíchumais sin: _____

agus, ar an ábhar sin, ní bheidh sé/sí in ann dul go pearsanta chun vóta a chaitheamh sa stáisiún vótaíochta: Is dócha go leanfaidh an tinneas coirp nó an míchumas coirp ar aghaidh go ceann: _____

Síniú an Lia-Chleachtóra Chláraithe:	
Ainm an Lia-Chleachtóra Chláraithe: (bloclitreacha)	
Seoladh: (bloclitreacha)	
Eircode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dáta:	

NOTAÍ A GHABHANN LE FOIRM SVS 1

Iarratas ó thoghthóirí lena n-ainm a áireamh san Fhorlíonadh a ghabhann le Liosta na Vótálaithe Speisialta.

1. Is é is cuspóir don fhoirm seo an bealach a réiteach do vótálaithe a bhfuil tinneas coirp nó míchumas coirp orthu agus a bhfuil gnáthchónaí orthu in ospidéal, i dteach altranais nó in institiúid eile den chineál sin, a bhfuil a n-ainm ar chlár reatha na dtoghthóirí agus ar mian leo a n-ainm a chur san áireamh san fhorlíonadh a ghabhann le liosta na vótálaithe speisialta.

Cé nach bhfuil aon srianta ann i dtaobh cathain a fhéadfar an fhoirm a chomhlánú agus a chur ar ais chuig an údarás clárúcháin, is é atá sa dáta deireanach a nglacfaidh údarás clárúcháin le hiarratas ná dhá lá tar éis dháta lánscor na Dála i gcás olltoghcháin agus dhá lá tar éis an t-ordú maidir leis an lá vótaíochta a dhéanamh i gcás corrthoghcháin Dála le gur féidir an t-iarratas a bhreithniú i gcomhair an toghcháin sin. I gcás toghcháin Uachtaráin, toghcháin Eorpaigh nó toghcháin áitiúla nó i gcás Reifrinn, ní mór an t-iarratas a bheith faighte ag an údarás clárúcháin 22 lá ar a laghad roimh an lá vótaíochta (gan Domhnaí, Aoine an Chéasta ná Laethanta Saoire Poiblí a áireamh) le gur féidir é a bhreithniú i gcomhair an toghcháin nó an reifrinn sin.

2. Bealach Vótála

Ag toghchán nó reifreann, déanfaidh oifigeach ceannais speisialta agus comhalta den Gharda Síochána ina theannta/ina teannta páipéar ballóide a sheachadadh ar gach duine ar an liosta. Ar dhearbhú céannachta a thabhairt, marcálfaidh an toghthóir a pháipéar nó a páipéar ballóide faoi rún agus cuirfidh i gclúdach litreach séalaithe é agus tabharfaidh an t-oifigeach ceannais speisialta chuig ceann comhairimh an toghcheantair é. Pléifidh an ceann comhairimh leis díreach mar a phléann sé/sí le páipéir bhallóide ó phostvótálaithe.

3. Cé atá i dteideal iarratas a dhéanamh?

Más duine tú den chineál a thuairiscítear ag 1 thuas, ach nach bhfuil d'ainm san áireamh i liosta na vótálaithe speisialta, féadfaidh tú iarratas a dhéanamh

chun d'ainm a chur san áireamh san fhorlíonadh a ghabhann le liosta na vótálaithe speisialta.

4. Cé a chomhlánaíonn an fhoirm iarratais?

Tá dhá chuid ann san fhoirm iarratais. Ní mór don iarratasóir Cuid A den fhoirm a chomhlánú. I gcás an chéad iarratais, ní mór do dhochtúir Cuid B den fhoirm a chomhlánú.

5. Cén áit ar ceart dom an fhoirm iarratais a sheoladh?

Is ceart foirmeacha iarratais comhlánaithe a chur chuig d'údarás clárúcháin (Comhairle Cathrach, Comhairle Contae nó Comhairle Cathrach agus Contae).

6. Eircode

Is é atá in Eircode ná an córas náisiúnta postchód in Éirinn agus cuimsíonn sé postchód uathúil 7 ndigit atá sannta do gach seoladh dá bhfuil ann in Éirinn.

7. Mionsonraí teagmhála

Tá mionsonraí teagmhála á lorg ar eagla gur gá don údarás clárúcháin teagmháil a dhéanamh leat chun aon mhionsonraí atá ann san iarratas a shoiléiriú.

8. Cad a tharlaíonn ina dhiaidh sin?

Cuirfidh an t-údarás clárúcháin a gcinneadh ar d'iarratas in iúl duit agus, má dhiúltaítear dó, tabharfar na cúiseanna leis an diúltú duit.

9. Is cion é mainneachtain aon fhaisnéis a theastaíonn ón údarás clárúcháin chun críche a ndualgas a thabhairt don údarás nó don chláráitheoir sin nó faisnéis bhréagach a thabhairt go feasach.