SCHEDULE

APPENDIX OF FORMS

Form of declaration to be made by the companion of a voter with disabilities

Declaration for the companion of a voter with disabilities

- *[Election of Member of Parliament for the [insert name of constituency] constituency]
- *[Election of Members of the European Parliament for the [insert name of Region, e.g. 'North-West Region']]
- *[Election of councillors to [insert name of local authority/parish/town/community council in full]]
- *[Election of London Assembly [London member] [constituency member for [insert name of constituency]]]
- *[Election of the Mayor [of London] [for [insert name of authority]]]
- *[[Insert title of election/referendum] election/referendum]
- * Delete or amend as appropriate

Date of election(s) [and referendum(s)] [day] [date] [month] [year]

A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance.

In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy.

Part 1 To be completed by the voter's companion Companion's name Companion's address Voter's name [Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for: Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]

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| I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that: | | | |
|--|--|-----------------------------------|--|
| I am entitled to vote as an elector at [this] [these] election(s) [and as a voter at [this] [these] referendum(s)]. I am the *spouse/*civil partner/*parent/*brother/*sister/*child of the voter with disabilities and am 18 years of age or over *Please delete whichever does not apply AND (2) I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is: | | | |
| [Complete if appropriate address of other person | | | |
| NOTE – It is a criminal offence to knowingly make a false statement in this form. | | | |
| Companion's signature | | Date | |
| Part 2 To be completed by the Presiding Officer | | | |
| I, the undersigned, being the Presiding Officer for: | | | |
| Polling station | | Constituency of | |
| Hereby certify that the above declaration was signed in my presence. | | Presiding Officer signature | |
| Date | | Time (exact) | |