

SCHEDULE 3

Combined Authority Mayoral Election (Combination of Polls) Rules

PART 9

Appendix of Forms

Form 14: Declaration to be made by the companion of a voter with disabilities.

Declaration for the companion of a voter with disabilities	
Election of the Mayor for <i>[insert name of combined authority]</i> *[Election of Member of Parliament for the <i>[insert name of constituency]</i> constituency] *[Election of Members of the European Parliament for the <i>[insert name of Region, e.g 'North West Region']</i>] *[Election of councillors to <i>[insert name of local authority/parish/community council in full]</i>] *[[<i>Insert name of election/referendum</i>] election/referendum]	
Date of election <i>[day] [date] [month] [year]</i>	
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 election 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]	

Draft Legislation: This is a draft item of legislation. This draft has since been made as a UK Statutory Instrument: The Combined Authorities (Mayoral Elections) Order 2017 No. 67

<p>I have been requested to assist the voter named above to record their vote at this election. I declare that:</p> <p>(1)</p> <ul style="list-style-type: none"> • I am entitled to vote as an elector at this election <p>or</p> <ul style="list-style-type: none"> • I am the *spouse/*civil partner/*parent/*brother/*sister/*child of the voter with disabilities and am 18 years of age or over <p style="text-align: center;"><i>*Please delete whichever does not apply</i></p> <p>AND</p> <p>(2)</p> <ul style="list-style-type: none"> • I have not previously assisted more than one voter with disabilities at this election. <p>If I have assisted one other voter their name and address is:</p>			
<p>[Complete if appropriate] Name and address of other person assisted</p>			
<p>NOTE – It is a criminal offence to communicate at any time to any person any information as to the way in which the voter intends to vote or has voted.</p>			
Companion's signature		Date	
<p>Part 2 To be completed by the Presiding Officer</p>			
<p>I, the undersigned, being the Presiding Officer for:</p>			
Polling station		Electoral area of	
<p>certify that the above declaration was signed in my presence.</p>		Presiding Officer signature	
Date		Time (exact)	