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SCHEDULE

Forms

PART 4

Declaration to be made by the companion of a voter with disabilities

Form 19 – Declaration to be made by the companion of a voter with disabilities

CMER rule 40, LMER rule 41, MER rule 40

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Declaration to be made b	y the companion of a	voter with disabilities
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*[Election of the London Assembly	y Constituency Member for
[insert name of constituency]]	

*[Election of the London Assembly London Member]

*[Election of the Mayor of London]

* Delete or amend as appropriate

Date of election(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) 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]	

I have been requested to assist the voter named above to record their vote at [this] [these] election(s). I declare that:				
 (1) I am entitled to vote as an elector at [this] [these] election(s) I am the *spouse/*civil partner/*parent/*brother/*sister/*child of the voter with disabilities and am 18 years of age or over *<i>Please delete whichever does not apply</i> 				
 AND (2) I have not previously assisted more than one voter with disabilities at [this] [these] election(s). If I have assisted one other voter their name and address is: 				
[Complete if appropriate] Name and address of other person assisted				
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.				
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		
certify that the above declaration was made in my presence.		Presiding Officer signature		
Date		Time (exact)		

Form 19A – Declaration to be made by the companion of a voter with disabilities: combined election

CMER rule 40, LMER rule 41, MER rule 40

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Declaration to be made by 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 /community council in full]]			
*[Election of the London Assembly Constituency Member for [insert name of constituency]]			
*[Election of the London Assemb	oly London Member]		
*[Election of the Mayor of London]			
*[[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 vo	oter'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]			

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:			
 (1) 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 *<i>Please delete whichever does not apply</i> 			
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] Name and address of other person assisted			
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.			
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	
certify that the above declaration was made in my presence.		Presiding Officer signature	
Date		Time (exact)	