SCHEDULE 10

Article 2(14)

Form 10

Declaration for the companion of a voter with disabilities			
Local Council Election			
[insert name of District Council] District Council			
[insert name of District Electoral Area] District Electoral Area			
Date of election [day] [date] [month] [year]			
Ballot box number:			
A voter with disabilities is a voter who has made a declaration that he/she is unable to vote without assistance.			
Voter name		[
Vumber on register of	elector*		
* Where a person is voting as a proxy, the number on register must be that of the person for whom they are voting.			
Part 1 To be completed by the voter's companion			
Companion name			
Companion address			
I have been requested to assist the elector named above to record their vote at this election. I declare that:			
sm entitled to vote as an elector at this election Or			
 sm the 'spouse/'civil partner/'parent/'brother/'sister/'child of the voter with disabilities and am 18 years of age or over * Please defete whichever does not apply 			
And • have not previously assisted <u>more than</u> one voter with disabilities at the election. • f have assisted one other voter their name and address is: [Complete f 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 signature		Date	
signature			
Part 2 To be completed by the Presiding Officer			
, the undersigned, being the Presiding Officer for			
Polling station			
Certify that the above	declaration was	Presiding Officer	
signed in my presence	<u> </u>	signature	
Date		Time (exact)	