

SCHEDULE 4

Rule 5(4)

Greater London Authority Elections Rules 2007: New Forms

PART 1

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

Declaration for the companion of a voter with disabilities	
<p>*Election of the London Assembly Constituency Member for [insert name of constituency]] *[Election of the London Assembly London Member] *[Election of the Mayor of London]</p> <p><i>* Delete or amend as appropriate</i></p>	
Date of election [day] [date] [month] [year]	
<p>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.</p>	
Part 1 To be completed by the voter's companion	
Companion's name	
Companion's address	
Voter's name	
<p>[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:</p>	
<p>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]</p>	
<p>I have been requested to assist the voter named above to record their vote at this / these election(s). I declare that:</p> <p>(1)</p> <ul style="list-style-type: none"> • I am aged 18 or over <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. If I have assisted one other voter their name and address is: 	
[Complete if appropriate] Name and address of other person assisted	

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

PART 2

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

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Declaration for the companion of a voter with disabilities	
<p>*[Election of Member of Parliament for the <i>[insert name of constituency]</i> constituency]</p> <p>*[Election of councillors to <i>[insert name of local authority/parish council in full]</i>]</p> <p>*[Election of London Assembly Constituency Member for <i>[insert name of constituency]</i>]</p> <p>*[Election of the London Assembly London Member]</p> <p>*[Election of the Mayor of London]</p> <p>*[[<i>Insert title of election/referendum</i>] election/referendum]</p> <p>* <i>Delete or amend as appropriate</i></p>	
Date of election(s) [and referendum(s)] <i>[day] [date] [month] [year]</i>	
<p>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.</p> <p>In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.</p>	
Part 1 To be completed by the voter's companion	
Companion's name	
Companion's address	
Voter's name	
<p><i>[Only for use if the disabled voter is acting as a proxy]</i></p> <p>Voter is acting as proxy for:</p>	
<p>Elector's number</p> <p><i>[If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]</i></p>	

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<p>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:</p> <p>(1)</p> <ul style="list-style-type: none"> • I am aged 18 or over <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] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is: 			
<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		Constituency of	
<p>Hereby certify that the above declaration was signed in my presence.</p>		Presiding Officer signature	
Date		Time (exact)	