

Status: This is the original version (as it was originally made).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

SCHEDULE 1

Regulation 5

Representation of the People (Combination of Polls)
(England and Wales) Regulations 2004: New Form

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

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 [London member] [constituency member for <i>[insert name of constituency]</i>]]</p> <p>*[Election of the Mayor [of London] [for <i>[insert name of authority]</i>]]</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: 			
[Complete if appropriate] Name and address of other person assisted			
<p>NOTE – It is a criminal offence to knowingly make a false statement in this form.</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	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	