SCHEDULE 7

Regulation 13

Combined Authorities (Mayoral Elections) Order 2017: New Forms

Part 1

Form for use at mayoral election not taken with another election or referendum 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 [insert name of combined authority]				
Date of election [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 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 vo	ter'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 election. I declare that:				
(1) • I am aged 18 or over AND				
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				

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

Part 2

Form for use at mayoral election when combined with another election or referendum 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 [insert name of combined authority] *[Election of Member of Parliament for the [insert name of the constituency] constituency] *[Election of councillors to [insert name of local authority/parish/community council in full]] *[[Insert name of election/referendum]election/referendum]					
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 or referendum and includes a person voting as a proxy.					
Part 1 To be completed by the vo	ter'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]					

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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 aged 18 or over AND						
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		Electoral area of				
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature				
Date		Time (exact)				