

**Changes to legislation:** There are currently no known outstanding effects for the Parliamentary Voting System and Constituencies Act 2011, FORM 8 - FORM OF DECLARATION TO BE MADE BY THE COMPANION OF A VOTER WITH DISABILITIES. (See end of Document for details)

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## SCHEDULES

### SCHEDULE 5

#### COMBINATION OF POLLS: ENGLAND

#### **PART 3**

#### FORMS REFERRED TO IN PART 1

Paragraph 31(1)

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### FORM 8 - FORM OF DECLARATION TO BE MADE BY THE COMPANION OF A VOTER WITH DISABILITIES

I, ..... (name of companion)  
 of ..... (address of companion)  
 having been requested to assist ..... (name of voter)

*[in the case of a person with disabilities voting as proxy, add*

voting as proxy for ..... (name of [elector]\*  
 [or]\* [voter]\*)]

whose number on the register is ..... to record their vote  
 at the [referendum(s)]\* [and]\* [election(s)]\* being held in this [voting area]\* [/]  
 local government area]\* [/parish]\*

hereby declare that

- (a) [I am entitled to vote as an [elector]\* [or]\* [voter]\* at the said [referendum(s)]\* [and]\* [election(s)]\*,]
- (b) [I am the #..... of the said voter and have attained the age of 18 years,] and
- (c) I have not previously assisted any voter with disabilities [except ..... (name of other [elector]\* [or]\* [voter]\*), of ..... (address of other [elector]\* [or]\* [voter]\*)] to vote at the said [referendum(s)]\* [or]\* [election(s)]\*].

#State the relationship of the companion to the voter.

\*Delete as appropriate.

(Signed) ..... (companion)

Date .....

I, the undersigned, being the presiding officer for the ..... polling station for ..... the [insert name of voting area] hereby certify that the above declaration, having been first read to the above-named declarant, was signed by the declarant in my presence.

(Signed).....

Date .....

Time ..... (am/pm)

NOTES: (1) If the person making the above declaration knowingly and wilfully makes therein a statement false in a material particular, he or she will be guilty of an offence.

(2) A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by blindness or other disability, or by an inability to read, as to be unable to vote without assistance.

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