## SCHEDULE 3

Rule 4(2)(b), 4(3)(b)

Local Elections (Parishes and Communities) (England and Wales) Rules 2006: New Forms

# PART 1

Form for use at an election of councillors of a parish where the poll is not taken together with another election or referendum

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

Declaration for the companion of a voter with disabilities				
Election of councillors to [insert name of parish/ council]				
Date of election [day] [date] [month]	l [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				
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				

Document Generated: 2023-03-28

Status: This is the original version (as it was originally made).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 knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Electoral division /ward	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

## PART 2

Form for use at an election of councillors of a parish where the poll is taken together with a relevant election or referendum

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

Declaration	for the	companion	of a	votor	with	disabilities
Declaration	TOT THE	e companion	or a	voter	with	disabilities

- \*[Election of Member of Parliament for the [insert name of constituency] constituency]
- \*[Election of councillors to [insert name of local authority/parish council in full]]
- \*[Election of London Assembly [London member] [constituency member for [insert name of constituency]]]
- \*[Election of the Mayor [of London] [for [insert name of authority]]]
- \*[[Insert title of election/referendum] election/referendum]
- \* Delete or amend as appropriate

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 voter'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]	

Document Generated: 2023-03-28

Status: This is the original version (as it was originally made).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

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 knowingly make a false statement in this form.				
Companion's signature		Date		
Part 2 To be completed by the Presiding Officer				
I, the undersigned, being the Presiding Officer for:				
Polling station		Electoral division / ward		
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature		
Date		Time (exact)		