|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Declaration by the companion of a Voter with disabilities**  **at a Local Government Election** | | | | | | |
| **Election of councillors for the [***insert name of*  *ward***] electoral ward of [***insert name of council***] Council** | | | | | | |
| Date of election: [day/date][name of month][year] | | |  | | | |
| A voter who is unable to vote without assistance (due to blindness or other disability, or due to their inability to read) may make a declaration to that effect.  If the Presiding Officer of the polling station is satisfied by the voter’s declaration, such a voter may be assisted by a companion, provided that the companion satisfactorily completes the declaration at section 1 below: | | | | | | |
| Ballot box number: | |  | Polling Station number: | | |  |
| Name of Presiding Officer: | | |  | | | |
| **Section 1 – TO BE COMPLETED BY COMPANION OF VOTER WITH DISABLITIES** | | | | | | |
| It is an offence knowingly to make a false statement with the intention of being permitted to act as a companion. | | | | | | |
| I, ……………………………………………………………………………………*(companion name)*  Of …………………………………………………………………………………………………...  ……………………………………………………………..(*companion’s address including postcode)*  having been asked to assist ………………………………………………………….*(voter’s name)*  whose number on the register is ………………………………………… *(voter’s elector number)*  to record their vote at the election now being held in this ward, declare that   * I am entitled to vote as an elector at this election\*   OR   * I am the spouse/civil partner/parent/grandparent/brother/ sister/grandchild\* of the voter with disabilities and have attained the age of 16 years\*   *(\*delete as appropriate)*  I declare that I have not previously assisted any voter with disabilities at this election except as noted below. | | | | | | |
| **You are only allowed to assist up to two voters with disabilities.** If you have already assisted a voter with disabilities at today’s election please provide the following details:  Name of voter: ……………………………………………………………………………………..  Address of voter: ………………………………………………………………………………….. | | | | | | |
| Signature of companion |  | | | Date |  | |
| **Section 2 - Presiding Officer’s counter signature** | | | | | | |
| I, the undersigned, confirm that this form was signed in my presence | | | | | | |
| Signature of Presiding Officer |  | | | | | |
| Date and time |  | | | | | |

The data controller will only use the information you have provided on this form for electoral purposes and will look after your personal information securely, following data protection legislation. The data controller will not give personal information about you and the personal information you may provide on other people to anyone else or another organisation unless required by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Returning Officer as set out in Representation of the People Act 1983 and associated regulations.

The Returning Officer is the Data Controller. For further information relating to the processing of personal data you should refer to their privacy notice on their website.