**Feedback from voters using support to vote**

We would like to hear about your experience of voting. Telling us about your views and experiences will help us to improve the services we provide at future elections.

1. Did you find it easy to vote today?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know |  |

1. If you did not find it easy, why was that?

|  |
| --- |
|  |

1. Did you use any of the support available in the polling station? Please tick any support you used.

|  |  |
| --- | --- |
| Disabled parking space |  |
| Chairs/seating |  |
| Tactile voting device |  |
| Magnifiers |  |
| Polling booth at wheelchair level |  |
| Pencil grip |  |
| Entrance/doorway ramps |  |
| Entrance doorbell/alerter |  |
| Hearing induction loop |  |
| Audio device |  |
| Easy read information |  |
| Large print information |  |
| Large print reference ballot paper |  |
| Support from a companion (friend, family, support worker) |  |
| Use of mobile phone app (magnifier, torch) |  |
| Support from polling station staff |  |
| Other (please say what this was) |  |

1. Is there any other support you needed that was not available in the polling station?

|  |
| --- |
|  |

1. Were the polling station staff helpful?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| I did not ask for help |  |

1. Is there anything else you’d like to share about your experience of voting today?

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