

Electoral (Prescribed Associations and Institutions) Notice, 2013

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THE Minister of Justice and Legal Affairs, in terms of paragraph 2(3) of the Seventh Schedule to the Electoral Act [*Chapter 2:13*], and in consultation with the Minister responsible for administering the Disabled Persons Act [*Chapter 17:01*], makes the following notice:—

1. This notice may be cited as the Electoral (Prescribed Associations and Institutions) Notice, 2013.

2. The Minister prescribes the associations and institutions listed in the First Schedule as associations and institutions which may submit nominations to the National Disability Board of disabled persons to be delegates at the Electoral College for Persons with a Disability constituted in terms of paragraph 3 of the Seventh Schedule to the Act.

3. In conformity with paragraph 2(3) of the Seventh Schedule to the Act, each prescribed association or institution must, in the form prescribed in the Second Schedule, nominate four (two women and two men) Electoral College delegates, in the case of an association referred to in Part I of the Schedule, or two (one woman and one man) Electoral College delegates, in the case of an institution or trust referred to in Part II of the Schedule.

FIRST SCHEDULE (*Section 2*)

PART I

ASSOCIATIONS OF OR FOR PERSONS WITH A DISABILITY

1. Albino Association.
2. Association for the Deaf.
3. Council for the Blind.
4. Epilepsy Support Foundation.
5. Federation of Organisations for the Disabled Persons of Zimbabwe.
6. Muscular Dystrophy Association of Zimbabwe.
7. National Council of Disabled Persons of Zimbabwe.

8. Quadriplegics and Paraplegics Association.
9. Spinal Cord Injury Association.
10. Spinal Injuries Association.
11. Zimbabwe Association for the Visually Handicapped.
12. Zimbabwe Down's Syndrome Association.
13. Zimbabwe National Association for Mental Health.
14. Zimbabwe National Association for the Deaf.
15. Zimbabwe National League of the Blind.
16. Zimbabwe Parents of the Handicapped Children.
17. Zimbabwe Sports Association for People with Disabilities.
18. Zimbabwe Women with Disability in Development.

PART II

INSTITUTIONS CARING FOR PERSONS WITH A DISABILITY

1. Cheshire Homes.
2. Danhiko Project.
3. Dorothy Duncan Centre.
4. Emerald Hill.
5. Jairosi Jiri
6. King George VI.
7. L'arche.
8. Margaret Hugo Capota School for the Blind.
9. Morgenster School for the Deaf.
10. Ngomahuru.
11. Rescue Association.
12. Rukariro Rehab.
13. St. Giles Rehabilitation Centre.
14. Tariro Halfway Home.
15. Tirivanhu ZIMNAM.
16. Tose Respite Centre.
17. Waddilove Blind Unit.
18. Zimcare Trust.

SECOND SCHEDULE (Section 3)

**ELECTION OF SENATORS TO REPRESENT PERSONS WITH  
DISABILITIES**

**NOMINATION FORM FOR DELEGATES TO THE ELECTORAL  
COLLEGE FOR PERSONS WITH A DISABILITY**

Seventh Schedule of the Electoral Act [Chapter 2:13]

**Notes:**

1. An association of disabled persons is required to nominate four delegates, two women and two men, to the Electoral College.
2. An institution is required to nominate two delegates, one woman and one man, to be delegates to the Electoral College.
3. A delegate must be a person with a disability, must be registered as a voter and must not be disqualified under the Fourth Schedule of the new Constitution.

**NOMINATION OF DELEGATE TO ELECTORAL COLLEGE FOR  
PERSONS WITH A DISABILITY**

Name of nominating body: .....

State whether nominating body is an association or an institution: .....

Address of association/institution's main office: .....

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The attached nomination forms are submitted in respect of ..... \*delegates.  
\*(State number of delegates nominated)

Name of official submitting nominations on behalf of association/institution:...

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Position held: ..... Signature: .....

Date:.....

**NOMINATION OF DELEGATE**

Full name of delegate: .....

Date of birth: ..... Sex: ..... I.D. No:.....

Telephone number: ..... Email address: .....

Nature of disability: .....

Ward in which registered as voter: ..... Province: .....

**DECLARATION BY OR ON BEHALF OF DELEGATE**

I, .....  
declare that I have accepted nomination to be a delegate at the meeting of  
the Electoral College for Persons with a Disability and that I will attend the  
meeting.

Date:.....Signature:.....

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**NOMINATION OF DELEGATE**

Full names of delegate: .....

Date of birth: ..... Sex: ..... I.D. No:.....

Telephone number: ..... Email address: .....

Nature of disability: .....

Ward in which registered as voter: ..... Province: .....

**DECLARATION BY OR ON BEHALF OF DELEGATE**

I, .....  
declare that I have accepted nomination to be a delegate at the meeting of  
the Electoral College for Persons with a Disability and that I will attend the  
meeting.

Date:.....Signature: .....

**NOMINATION OF DELEGATE**

Full names of delegate: .....  
Date of birth: ..... Sex: ..... ID No:.....  
Telephone number: ..... Email address: .....  
Nature of disability: .....  
Ward in which registered as voter: ..... Province: .....

**DECLARATION BY OR ON BEHALF OF DELEGATE**

I, .....  
declare that I have accepted nomination to be a delegate at the meeting of  
the Electoral College for Persons with a Disability and that I will attend the  
meeting.

Date:.....Signature:.....

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**NOMINATION OF DELEGATE**

Full names of delegate: .....  
Date of birth: ..... Sex: ..... I.D. No:.....  
Telephone number: ..... Email address: .....  
Nature of disability: .....  
Ward in which registered as voter: ..... Province: .....

**DECLARATION BY OR ON BEHALF OF DELEGATE**

I, .....  
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