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| **I: General Information:** |
| The organisation requiring designation as a may submit a letter of motivation to the Department, addressed to the Director-General (DG). Section 56(6) of the Nursing Act 33 of 2005 states that this designation may be done after consultation with the South African Pharmacy Council (SAPC). A copy of your motivation will thus be submitted to the SAPC for consideration. It is only after the response is received from the SAPC that the Director General can finalise your request for designation. Email your request to :ndohpermits@health.gov.za, * Email subject line to reflect: “Designation Motivation – Organisation Name”.

Note: Where agents are used to submit designation motivations – a signed mandate letter confirming such mandate must be submitted with the designation motivation. |
| **II: Guideline on information to be covered in the motivation** |
| The request for designation must cover the following:* Registered name and registered address of the organisation requesting designation
* Name(s) and address(es) of the facility(ies)/organisation(s) at which services will be rendered.
* Outline the type of services to be offered by the organisation requesting designation
* Outline the client base to whom the health services will be provided
* Area to be served.
* Demographic considerations, e.g. disease patterns, health status of the population
* Number of government health facilities in the area:

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| Name of facility | Type of facility (clinic/hospital) | Approximate distance from organisation requesting designation |
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* Motivation why your organisation must be designated as a health service rendering organisation by the Director-General.
* The name and (HPCSA) registration number of the supervising doctor(s), who will take responsibility and confer authority, in terms of Section 56(6) of the Nursing Act, 2005, on the nurse(s) working for the designated organisation.
* Information on who will be paying for the services to be rendered.
* A table indicating the health professional categories who will be rendering services and their qualifications and/or supplementary training of the nurses e.g. NIMART, dispensing licences
* Confirmation of agreement/s with the local Department of Health, if any.

Attach the following supporting documents:* Registration with CIPC (where applicable)
* Other types of ownership/registration – e.g. trusts; sole proprietor
* Tax clearance;
* Where applicable, proof of registration with Department of Social Development as an NPO/NGO etc
* In the case where the organisation will be providing services to other organisations/companies, the copy(ies) of service level agreement(s) with the companies to which the organisation requesting designation is contracted to provide health services with or a letter confirming that the organisation requesting designation is contracted to provide health services, clearly stipulating contract period
* NIMART certificate copies for all the nurses who will be working in the organisation.
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| **IV: Address** |
| National Department of HealthDr AB Xuma Building1112 Voortrekker RoadPretoria Townlands 351-JRPretoria0187 |
| **V: Enquiries** |
| EMAIL (preferred) : ndohpermits@health.gov.zaTelephone : 012 395 8212Note: Email Subject Line: Designation – Organisation Name |