

**NOMINATION FORM FOR MEMBERS IN TERMS OF THE
WESTERN CAPE HEALTH FACILITY BOARDS AND COMMITTEES ACT, 2016 (ACT NO. 4 OF 2016) AND
REGULATIONS (PN 219/2017)**

**NOMINATION FORM FOR PERSONS REPRESENTING COMMUNITY ORGANISATIONS IN TERMS OF
SECTION 5 (1)(a)**

Community Organisations making a nomination must ensure that the following questionnaire is completed and submitted along with the required information.

1. Name of the Board for which the nomination is being made:			
2. Contact details of person making the nomination [Community Organisation]:			
2.1. Name:			
2.2. Address:			
2.3. Contact telephone number:			
3. Name of the community organisation in terms of which the candidate is being nominated:			
3.1 Physical or postal address of the community organisation:			
3.2 Confirmation of submission of a copy of the organisation's constitution or founding document with the completed nomination form:			
4. Name of nominee:			
4.1. Address of nominee:			
4.2. Contact telephone number of nominee:			
4.3. Email address:			
5. Is the nominee a member of the nominating community organisation?			
5.1 If yes, for how long has the member been a member of the organisation?			
5.2. What position does the nominee hold in the organisation?			
5.3. If the nominee is NOT a member of the nominating organisation please motivate why the community organisation is nominating the candidate: Use a separate sheet:			
5.4. Please provide a motivation for the nomination to the Board: Use a separate sheet:			
6. Name nominee [Please print]:			
6.1.1. Signature of nominee:			
6.1.2. Date:			
5.5. Confirmation of submission of a signed copy of the nominee's curriculum vitae			
7. Declaration by nominee:	YES		NO
The nominee hereby confirms his/her willingness to serve on the Board.	Please tick applicable box		

Nominees must please take note of the following:

- The Provincial Minister of Health is the authority that appoints Board members.
- The position of Board member is a voluntary one with no remuneration attached to it. Board members may however be reimbursed by the Board for travelling expenses incurred.

CHECKLIST:

To facilitate the appointment of appropriate candidates please ensure that all nominations are accompanied by the following:

1. Completed and signed nomination form;
2. The name of the hospital for which the nomination is made;
3. Curriculum vitae of the nominee;
4. The motivation for considering the nominee as a suitable member of the Board; and
5. Constitution or founding document of the nominating community organisation.

Note: Incomplete nominations will not be considered.