

**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 THE HEAD OF HOSPITALS REPRESENTING MORE THAN ONE HOSPITAL OF HEALTH  
FACILITY IN TERMS OF SECTION 5 (1)(c)**

|   |                            |  |           |
|---|----------------------------|--|-----------|
| 1. Name of the Board for which the nomination is being made:                            |                            |  |           |
| 2. Contact details of person making the nomination:                                     |                            |  |           |
| 2.1. Name:  |                            |  |           |
| 2.2. Address:   |                            |  |           |
| 2.3. Contact telephone number:  |                            |  |           |
| 3. Name of the nominee:   |                            |  |           |
| 3.1. Name of the component in which nominee is appointed:                               |                            |  |           |
| 3.2. Address of nominee:  |                            |  |           |
| 3.3. Contact telephone number of nominee:   |                            |  |           |
| 3.4. Email address:   |                            |  |           |
| 3.5. What is the role/ post designation of the nominee?                                 |                            |  |           |
| 3.6. Please provide a motivation for the nomination to the Board: Use a separate sheet: |                            |  |           |
| 3.7. Confirmation of submission of a signed copy of the nominee's curriculum vitae:     |                            |  |           |
| 4. Name nominee [Please print]:   |                            |  |           |
| 4.1. Signature of nominee:  |                            |  |           |
| 4.2. Date:  |                            |  |           |
| 5. Declaration by nominee:  | <b>YES</b>                 |  | <b>NO</b> |
| 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; and
4. The motivation for considering the nominee as a suitable member of the Board.

**Note: Incomplete nominations will not be considered.**