Department of Health

**Dr Tendani Mabuda**

Western Cape College of Nursing

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**NOMINATION FORM**

# Nomination to serve as member of Western Cape College of Nursing College Council

Please note that this form must be submitted no later than 31st of August 2023

E-MAIL: Nobomi.Spelman@westerncape.gov.za

# Details of Nominee

Surname ---------------------------------------------------------------------

First Name/s ---------------------------------------------------------------------

Identity No ---------------------------------------------------------------------

# Proposed by the following Members of the public

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Identity Number |  | Signature |
| a) -------------------------------- |  | ----------------------------- |  | ---------------------------- |
| b) -------------------------------- |  | -------------------------------- |  | ---------------------------- |

# Acceptance by Nominee

## Signature -------------------------------------------------------

Please include: • Curriculum Vitae of the Nominee; • Details of three referees; and a declaration by the Nominee that no conflict of interest exists with the Western Cape College of Nursing