



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NOMINATION FORM

FOR THE NOMINATION OF A PERSON TO BE APPOINTED BY THE MINISTER OF HEALTH TO SERVE ON THE MINISTERIAL ADVISORY COMMITTEE ON MENTAL HEALTH AS A REPRESENTATIVE FROM THE PRIVATE HEALTH CARE SECTOR IN TERMS OF REGULATION 3 (1) (j) OF THE REGULATIONS ESTABLISHING MINISTERIAL ADVISORY COMMITTEE ON MENTAL HEALTH

Each nomination must be submitted on a separate form. Incomplete forms may be considered ineligible for assessment. All completed forms together with the nominee's comprehensive Curriculum Vitae (CV), a written motivation by the nominee and certified copies of the nominee's academic qualifications and any other relevant supporting information must be submitted to the Director-General, Department of Health and marked for the attention of the Director: Mental Health and Substance Abuse, Mr Sifiso Phakathi at the postal or physical address provided below no later than **16h30 on Thursday 14 April 2016**. **Postal:** Private Bag X828, Pretoria, 0001. **Physical:** The Department of Health, Civitas Building, Cnr Thabo Sehume (formerly known as Andries) and Struben Streets, Pretoria, 000. Enquiries may be directed to: Ms Dudu Shiba at Tel: 012 395 8043 or Email: shibaa@health.gov.za.

NOMINATION MADE BY:

Name of Institution or Professional Council or Organisation:	
Address: <i>(include postal code)</i>	
Contact numbers:	
Email:	
Name of executive authority:	
Position:	
Signature of executive authority:	
Date:	

NOMINEE DETAILS:

Title:	First name:	Surname:
Gender:		ID Number:
Postal address:		
Contact numbers: <i>Cell phone :</i> <i>Land line :</i> <i>Fax :</i>		
Email address:		
Other relevant information:		

NOMINEE ACCEPTANCE (TO BE COMPLETED BY THE PERSON ACCEPTING THE NOMINATION):

I, the undersigned, _____

ID Number: _____

hereby **accept the nomination** for appointment as a **representative from the private health care sector**.

And declare that:

I am a South African citizen and ordinarily resident in the Republic;

I am not an unrehabilitated insolvent

I have not at any time been convicted of an offence involving dishonesty, whether in the Republic or elsewhere; and

I have not been removed from an office of trust.

Signature of person **accepting the nomination**

Date