



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**NOMINATION FORM FOR
MEMBERS OF THE NATIONAL HEALTH RESEARCH ETHICS COUNCIL**

I the undersigned (surname, initials) _____
herby nominate (surname and first names) _____ a
South African citizen, and resident in South Africa, as a candidate for nomination as a
member of the National Health Research Ethics Council referred to in Section 72 of
the National Health Act no 61 of 2006.

My details are as follows (nominator):

Surname and first names (in block letters) _____

Registered address: _____

I, the undersigned, _____ hereby
consent to my nomination as a candidate to serve as a member of the National Health
Research Ethics Council as referred to in Section 72 of the National Health Act no 61
of 2006. I attach a copy of my curriculum vitae.

Registered address (nominee): _____

Signature of nominee: _____

Please send completed form together with nominee's curriculum vitae to:

Ms P.M. Netshidzivhani
Director: Health Research
Private Bag X 828
Pretoria
0001

Fax: 012 312 0784 or 012 312 0503
Tel: 012 312 0995 or 012 312 0775