

NOMINATION FORM 2025

NOMINATION OF A MEMBER OF THE PPROFESSIONAL BOARD FOR:

Insert the name of the professional board concerned

We, the undersigned, registered as

Nominator 1:

Insert designation of profession for which registered and professional category, if any

Nominator 2 :

Insert designation of profession for which registered and professional category, if any

with HPCSA registration numbers

Nominator 1:

Insert HPCSA registration number

Nominator 2 :

Insert HPCSA registration number

hereby nominate

Insert first names and surname in block letters, who is registered as a

Insert designation of profession for which registered and professional category

with HPCSA registration number

Insert HPCSA registration number

and a South African citizen who is permanently residing in South Africa, as a nominee for appointment by the Minister of Health as a member of the board and motivate for his or her nomination and subsequent appointment as follows:

MOTIVATION

The following is a brief curriculum vitae of the nominee in relation to his/her expertise and experience in the profession, experience and/or expertise in the provision of health services, policy formulation or in education and training of professionals registered within the board and knowledge and experience in regulatory affairs, governance and professional ethics:

EXPERTISE AND EXPERIENCE IN THE PROFESSION

EXPERTISE AND/OR EXPERIENCE IN THE PROVISION OF HEALTH SERVICES AND POLICY FORMULATION WITHIN THE BOARD

EXPERTISE AND/OR EXPERIENCE IN THE PROVISION OF EDUCATION AND TRAINING OF PROFESSIONALS REGISTERED WITHIN THE BOARD
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KNOWLEDGE AND EXPERIENCE IN REGULATORY AFFAIRS, GOVERNANCE AND PROFESSIONAL ETHICS		
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REGULATORY AFFAIRS	GOVERNANCE	PROFESSIONAL ETHICS
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NOTE: This nomination form must be accompanied by a brief curriculum (**three pages maximum**)

indicating the following –

- Qualifications
- Current employment
- Previous employment history for the past ten years
- Boards, Council, and Tribunal previously served

REFEREES IN RELATION TO EXPERIENCE AND/OR EXPERTISE	
REFEREE 1	
First Names and Surname <small>(in block letters)</small>	
Institution	
Position	
Contact numbers	Telephone Number
	Mobile Number
E-mail	
Relationship to Nominee	

REFEREE 2	
First Names and Surname <small>(in block letters)</small>	
Institution	
Position	
Contact numbers	Telephone Number
	Mobile Number
E-mail	
Relationship to Nominee	

SIGNATURE (NOMINATOR 1)	
First Names and Surname <small>(in block letters)</small>	
Registered postal address	
Contact numbers	Telephone Number:
	Mobile Number:
E-mail	
Registered as	<i>Insert designation of profession for which registered and professional category</i>
Registration number	
Signature	
Date	

SIGNATURE (NOMINATOR 2)	
First Names and Surname <small>(in block letters)</small>	
Registered postal address	
Contact numbers	Telephone Number:
	Mobile Number:
E-mail	
Registered as	<i>Insert designation of profession for which registered and professional category</i>
Registration number	
Signature	
Date	

DECLARATION BY NOMINEE

I,

Insert first names and surname in block letters

the undersigned, hereby declare under oath as follows:

(a) I consent to my nomination as a candidate for appointment as a member of the

Insert the name of the professional board concerned

(b) and undertake to execute the functions of the board and council and to adhere to the Act and any other applicable prescript if appointed;

(c) I confirm that I am not disqualified from being nominated by reason of any of the requirements for a valid nomination stipulated in the regulations relating to the nominations and appointment of members of a professional board;

(d) My details are as follows:

Postal/Residential address:			
Telephone No:		Mobile Number:	
E-mail address:			
Gender	Male		Female
Disability	Yes		No
Race			
African		White	Coloured
			Asian
			Other

(e) I declare that all information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my nomination being disqualified.

(f) I further declare that I have not served two terms in any of the structures of the HPCSA.

(g) In accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), as amended, I hereby consent to the HPCSA and the Department of Health processing of my personal information submitted together with this nomination.

SIGNATURE	DATE

Thus done and signed before me at _____ on this _____ day of _____ 2025.

the deponent having acknowledged that he/she understands the contents hereof, that he/she has no objection to taking the prescribed oath or affirmation, and that the said oath or affirmation is binding on his/her conscience.

COMMISSIONER OF OATHS

Every completed nomination form must be submitted to: **ELECTION SOLUTIONS 4 AFRICA(ES4A)** at the following address, fax number or e- mail address within **one month** after the publication of Notice inviting nominations and for the attention of the Chief Electoral Officer: Mr. Ntokozo Ngidi.

Address for the submission of this nomination form:

ELECTION SOLUTIONS 4 AFRICA(ES4A)

Street address: Ground Floor, Building No 4, Quadrum Office Park, 50 Constantia Boulevard, Constantia Kloof Ext 28, Johannesburg, 1709

Email address: hpcsa@es4a.co.za

Fax number: 0862027222

Whatsapp Number: 063 727 5208

Telephone number: 011 025 3763

Toll free number: 0800536227

Every nomination form in respect of which any of the requirements as stipulated in the notice has not been complied with, or which is not received by the aforesaid date and time at the addresses, fax number or e-mail address given above, will be invalid.