

**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 PERSONS WITH EXPERTISE IN TERMS OF SECTION 5 (1)(b)**

<b>1. Name of the Board for which the nomination is being made:</b>			
<b>2. Contact details of person making the nomination:</b>			
<b>2.1. Name:</b>			
<b>2.2. Address:</b>			
<b>2.3. Contact telephone number:</b>			
<b>3. Name of the nominee:</b>			
<b>3.1. Name of the component in which nominee is appointed:</b>			
<b>3.2. Address of nominee:</b>			
<b>3.3. Contact telephone number of nominee:</b>			
<b>3.4. Email address:</b>			
<b>3.5. What is the role/ post designation of the nominee?</b>			
<b>3.6. Please provide a motivation for the nomination to the Board: Use a separate sheet:</b>			
<b>3.7. Confirmation of submission of a signed copy of the nominee's curriculum vitae:</b>			
<b>4. Name nominee [Please print]:</b>			
<b>4.1. Signature of nominee:</b>			
<b>4.2. Date:</b>			
<b>5. Declaration by nominee:</b>	<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.**