

**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 PERSON REPRESENTING THE CLINICAL STAFF OF HEALTH FACILITY IN TERMS OF  
SECTION 5 (1)(d)**

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