

**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 ACADEMIC INTEREST OF UNIVERSITY IN TERMS OF  
SECTION 5(1)(f)**

1. Name of the Board for which the nomination is being made:				
2. Contact details of <u>Vice-Chancellor</u> of the relevant university:				
2.1. Name:				
2.2. Address:				
2.3. Contact telephone number:				
3. Name of the nominee:				
3.1. Address of nominee:				
3.2. Contact telephone number of nominee:				
3.3. Email address:				
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.**