



NOMINATION FORM

Nomination to serve as member of Western Cape College of Nursing College Council

Please note that this form must be submitted no later than 31st of August 2023.

E-MAIL: Nobomi.Spelman@westerncape.gov.za

Details of Nominee

Surname -----

First Name/s -----

Identity No -----

Proposed by the following Members of the public

Name	Identity Number	Signature
a) -----	-----	-----
b) -----	-----	-----

Acceptance by Nominee

Signature -----

Please include: • Curriculum Vitae of the Nominee; • Details of three referees; and a declaration by the Nominee that no conflict of interest exists with the Western Cape College of Nursing