

**NOMINATION FORM FOR COMMITTEE 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 REPRESENTING THE COMMUNITY SERVED BY THE PRIMARY HEALTH CARE FACILITY FOR WHICH  
THE COMMITTEE IS ESTABLISHED**

Community Bodies\* making a nomination must ensure that the following form is completed and submitted along with the required documentation.

**Extended closing date for nominations: 15<sup>th</sup> May 2018**

1. For which Committee (primary health care facility or cluster of primary health care facilities) is the nomination made?			
2. Name of Body* making the nomination			
3. Physical or Postal address of Body making the nomination			
4. Full name of the person who is nominated to serve on the Committee			
5. Residential address of nominee (person being nominated)			
6. Is the nominee a member of the nominating Body?			YES
			NO
6.1 If yes:	(a) For what period of time?		
	(b) What position does the nominee hold in the nominating Body?		
6.2 If no:	<i>Please attach to this nomination form a motivation as to why the Body is nominating the candidate</i>		
7. The signatures of the nominee to indicate that he/she accepts the nomination, and the person making the nomination, must appear in the space provided.			
<b>Nominee (Person being nominated):</b>		<b>Person making the nomination:</b>	
I hereby declare my willingness to serve on the Committee.		(On behalf of the Body specified in (2.))	
<b>Print Name:</b>		<b>Print Name:</b>	
<b>Full Signature:</b>		<b>Full Signature:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>8. The following documents must accompany the nomination:</b>			
8.1 A copy of the Body who is making the nomination's Constitution or Founding Document**			
8.2 A signed copy of the nominee's (i.e. the person being nominated) curriculum vitae.			
8.3 A motivation as to why the nominee is being nominated and why he/she will be a suitable Committee member.			
8.4 A certified copy of the ID of the nominee must be attached.			

**Nominees must please take note of the following:**

- The Provincial Minister of Health is the authority that appoints Committee members.
- The position of Committee member is a voluntary one with no remuneration attached to it. Members may however be reimbursed by the department for travelling expenses incurred.
- \* Body may **not** be a political party but **could be** any organised group that in the opinion of the Minister is sufficiently representative of the interests of the community and could include, amongst others, a clinic committee, health forum, community development forum, non-governmental organisation, community-based organisation, civic or welfare organisation or a body representative of women, children, elderly, disabled people. The Body does not have to be a formally registered non-profit organisation (NPO).
- \*\*Founding Document is any documentary evidence for the existence of the Body, what its objectives are and how it would function.