

**NOMINATION FORM FOR BOARD or COMMITTEE MEMBERS IN TERMS OF THE
WESTERN CAPE HEALTH FACILITY AND COMMITTEES ACT, 2016 (ACT NO. 4 OF 2016)**

NOMINATION FORM FOR PERSONS REPRESENTING COMMUNITY ORGANISATIONS

Community Organisations making a nomination must ensure that the following questionnaire is completed and submitted along with the required information.

1. For which Board or Committee is the nomination made?				
2. Name of Organisation making the nomination				
3. Physical or Postal address of organisation				
4. Has a copy of the organisations Constitution or Founding Document been provided?	YES		NO	
5. Full name and address of nominee				
6. Is the nominee a member of the nominating organisation?	YES		NO	
7. If so, for what period of time?				
8. What position does the nominee hold in your organisation?				
9. If the nominee is NOT a member of the nominating organisation, please attach to this nomination form a motivation as to why the organisation is nominating the candidate.				
10. Please attach to this nomination form a motivation as to why the nominee will make a suitable Board or Committee member.				
11. Has a signed copy of the nominee curriculum be provided?	YES		NO	
12. The nominee's signature must appear in the space provided. So as to indicate that he/she accepts the nomination.				
Print Name				
Full Signature				
Date				

Nominees must please take note of the following:

- The Provincial Minister of Health is the authority that appoints Board members.
- The position of Board or Committee member is a voluntary one with no remuneration attached to it. Members may however be reimbursed by the Board or the department for travelling expenses incurred.