



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



South African
Nursing Council

THE SOUTH AFRICAN NURSING COUNCIL NOMINATION FORM IN RESPONSE TO THE CALL FOR NOMINATIONS TO FILL VACANCIES: 2013-2018

Notice is hereby given in terms of section 5(2) of the the Nursing Act, 2005, (Act No. 33 of 2005) ("the Act"), calling upon all persons registered with the South African Nursing Council (SANC) to submit suitable nominations to be considered for appointment by the Honourable Minister of Health, Dr Aaron Motsoaledi to fill the following vacancies at Council for the unexpired term of office, ending on 24 June 2018:

- (a) a Professional Nurse or midwife registered in terms of section 31(1)(a) and (b) of the Act appointed in terms of section 5(1)(a) of the Act, taking into account their expertise in Nursing Education, Nursing, Community Health, Primary health Care, Occupational Health and Mental Health; and
- (b) an Auxiliary Nurse registered in terms of section 31(1)(d) of the Act and appointed in terms of section 5(1)(b)(ix) of the Act.

The SANC is a statutory body established in terms of the Nursing Act, 2005 (Act No. 33 of 2005) ("the Act") to regulate the nursing profession and to protect the interests of the healthcare users. The objects of the Council are set out in section 3 of the Act.

1. Disqualification: A person shall not be appointed as a member of the Council if he/she:

- (a) Is an unrehabilitated insolvent or if his or her creditors have accepted an offer of a composition made in terms of section 119 of the Insolvency Act, 1936 (Act No. 24 of 1936);
- (b) Is disqualified from practising his or her profession under this Act;
- (c) Is not a South African citizen and ordinarily resident in the Republic;
- (d) Becomes mentally ill to such a degree that it is necessary that he or she be detained, supervised or controlled;
- (e) Has been removed from an office of trust on account of misconduct;
- (f) Has been convicted of an offence for which he or she was sentenced to imprisonment without the option of a fine;
- (g) Has been convicted of theft, fraud, forgery or uttering a forged document, perjury, an offence under the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or any other offence involving dishonesty;
- (h) Has previously been a member of the Council for a period exceeding ten (10) consecutive years;
- (i) Has had his or her membership terminated by the Minister in terms of this Act; or

- (j) Is, at the time of his or her appointment, or was, during the preceding 12 months a member of a municipal council, a provincial legislature or Parliament; and
- (k) A provincial or national office-bearer or employee of any party, organisation or body of a political nature.

I, the nominee _____, have read and understood the
disqualification criteria above and confirm that I am fully qualified to be appointed to the

SANC. Signature: _____

2. Remuneration

Remuneration for SANC meetings is set at the level prescribed by the National Treasury. It is critical to note that employees of National, Provincial and Local Government, government agencies or entities, or of any state organisation established by an Act of parliament, appointed as members on the SANC, are not entitled to additional remuneration, and will not be remunerated for their service as members of the SANC. Members of the SANC will not serve in a full-time capacity and it is envisaged that the SANC will meet on a quarterly basis.

I, the nominee _____, have read and understand the
remuneration regarding the SANC.

Signature: _____ Date: _____

3. Nomination requirements

- 3.1. A nomination made in terms of section 5(1)(a) and section 5(1)(b)(ix) of the Act must reach the office of the Returning Officer before or on the closing date and time appearing in the notice or advertisement.
- 3.2. A nomination contemplated in paragraph 3.1. above must be in the format attached hereto as **Annexure A**, and must include at least–
 - (a) the name and Council registration number of the nominee and the category in which nominated;
 - (b) a detailed curriculum vitae of the nominee not exceeding two typed pages in length outlining such nominee's expertise
 - (c) a written motivation by the nominee not exceeding two typed pages in length outlining

and detailing his or her vision for the nursing profession, the contribution the nominee may have made to the nursing profession and future contribution he or she intends making towards the development of the nursing profession;

(d) the names and contact details of the person or interested party making the nomination and of the person or interested party seconding the nomination, and a detailed motivation supporting the nomination of such nominee, including the nominee's actual or potential leadership qualities, the expertise in a particular field of nursing and the nominee's ability to assume the responsibilities and functions entrusted by the Act;

(e) proof of registration with the Council;

(f) a certificate of good standing with the Council;

(g) a declaration, under oath, to execute the functions of the Council and to ensure adherence to the Act and any other applicable prescript if appointed; and

(h) a certified copy of the nominee's national identity document or passport.

4. Any nomination form that is incomplete and does not conform to the requirements outlined in paragraph 3 above is invalid and will not be considered for purposes of appointment as a member.

The completed nomination form with all the relevant documents must be posted to the Returning Officer, South African Nursing Council, **P.O. Box 2542, PRETORIA, 0001** or hand delivered to the Nursing Council offices at **Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, PRETORIA 0083**. Please note that nominations may not be submitted by fax or e-mail. A certificate of good standing must be requested by fax or e-mail from the contact details below.

For any further enquiries regarding the submission of nominations, please contact:

Tel : 012 420 1094
Fax : 086 231 9094
E-mail : returning.officer@sanc.co.za

The nomination form together with other requested documents should reach the Returning Officer by 20 March 2017 at 16h00. The envelope should be clearly marked "NOMINATION FORM".

Nominations postmarked or handed in after this date and time will not be accepted.

ANNEXURE A

(1) We/I nominate (print the full names of the nominee as they appear in the register)

Registration Number: _____

To be considered for appointment as a Council member of the South African Nursing Council in the following category:

- Professional Nurse
- Auxiliary Nurse

(Select ONE by placing a tick in the appropriate box)

(a) Signature (person nominating) _____

Print full first names and surname as they appear in the register (person nominating)

Registration Number: _____

(b) Signature (person seconding the nomination) _____

Print full first names and surname as they appear in the register (person seconding)

Registration Number: _____

(2) DECLARATION BY PERSON WHO NOMINATES

I (print the full first names and surname as they appear in the register)

declare that: –

(a) My Registration Number is: _____;

(b) I am a South African citizen resident in the Republic at (state residential address)

_____;

(c) My telephone number is: _____;

(d) My cellphone number is: _____; and

(e) My fax number is: _____.

Signature: _____

Date: _____

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration.

Sworn to / affirmed and signed before me at _____

on _____

Commissioner of Oaths: _____

Position /Rank: _____

Signature: _____

Date: _____

(3) DECLARATION BY PERSON WHO SECONDS

I (print the full first names and surname as they appear in the register)

declare that: –

(a) My Registration Number is: _____; and

(b) I am a South African citizen resident in the Republic at (state residential address).

_____;

(c) My telephone number is: _____;

(d) My cellphone number is: _____; and

(e) My fax number is: _____.

Signature: _____

Date: _____

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration.

Sworn to / affirmed and signed before me at _____

on _____

Commissioner of Oaths: _____

Position /Rank: _____

Signature: _____

Date: _____

(4) DECLARATION OF CONSENT TO NOMINATION

I (print full names and surname as they appear in the register)

declare that: –

(a) My Registration Number is: _____;

(b) I consent to nomination;

(c) I am a South African citizen;

(d) I am permanently resident in the Republic at (state full residential address)

_____;

(e) I agree to accept nomination in the following category:

- Professional nurse;
- Auxiliary nurse;

(Select ONE by placing a tick in the appropriate box)

(f) I am aware of the provision of the Nursing Act, 2005 (Act No. 33 of 2005), with particular regard to section 6 thereof;

(g) I undertake to abide by the Code of Conduct for members of the Nursing Council;

(h) My telephone number is: _____;

(i) My cellphone number is: _____; and

j) My fax number is: _____.

Signature: _____

Date: _____

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration.

Sworn to / affirmed and signed before me at _____

on _____

Commissioner of Oaths: _____

Position /Rank: _____

Signature: _____

Date: _____