



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



South African  
Nursing Council

## NOMINATION FORM FOR MEMBERS OF THE SOUTH AFRICAN NURSING COUNCIL

The South African Nursing Council (SANC) is a statutory body established in terms of Section 2 of the Nursing Act, 2005 (Act No. 33 of 2005) (“the Act”) to regulate the nursing profession in a bid to protect the interests of the healthcare users.

Nomination should be submitted for suitable candidates to be considered for appointment by the Honourable Minister of Health, Dr Aaron Motsoaledi to serve as Members of the SANC in terms of Section 5 of the Act, for a period of five (5) years with effect from 25 June 2018, in the following categories:

- (a) Fourteen (14) Professional Nurses or Midwives registered in terms of Section 31(1)(a) and (b) of the Act, taking into account their expertise in nursing education, nursing, community health, primary health care, occupational health and mental health;
- (b) one person with special knowledge of the law;
- (c) one person with special knowledge of financial matters;
- (d) one person with special knowledge of pharmacy;
- (e) one person with special knowledge of education;
- (f) one person with knowledge of consumer affairs;
- (g) three community representatives;
- (h) One (1) Staff Nurse registered in terms of Section 31(1)(c) of the Act; and
- (i) One (1) Auxiliary Nurse registered in terms of Section 31(1)(d) 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 the Act;
- (c) Is not a South African citizen and ordinarily resident in the Republic;
- (d) He or she 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 the 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 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 members of the Council and members of the committees of the Council is set at the level determined by the Minister of Health in consultation with the Minister of Finance. SANC has been classified under Category A, subcategory A2 of the Service Benefits Packages for Office-Bearers of statutory and other institutions. It should be noted that employees of National, Provincial and Local Government, government agencies or entities, appointed as members of Council, are not entitled to additional remuneration, and will not be remunerated for their service as members of the Council. Members of the Council will not serve in full-time capacity.

I, \_\_\_\_\_ the nominee, have read and understood the remuneration regarding the SANC.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## 3. Nomination requirements

- (a) All nomination must reach the office of the Returning Officer before or on the closing date and time appearing in the notice or advertisement.
- (b) All nomination must be in the format attached hereto as **Annexure A**, and must include at least: –
  - I. the name and Council registration number (where applicable) of the nominee and the category in which nominated;

- II. a detailed curriculum vitae of the nominee not exceeding two typed pages in length outlining such nominee's expertise;
- III. 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 (if the nursing sector);
- IV. 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 category of nomination and the nominee's ability to assume the responsibilities and functions entrusted by the Act;
- V. proof of registration with the Council (**only applicable** for nomination in the categories of professional nurse or midwives; staff nurse; auxiliary nurse or auxiliary midwife);
- VI. a certificate of good standing with the Council (**only applicable** for nomination in the categories of professional nurse or midwives; staff nurse; auxiliary nurse or auxiliary midwife);
- VII. 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
- VIII. a certified copy of the nominee's qualifications and national identity document/card or passport.

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

The completed nomination form with all the relevant documents must be posted or hand delivered 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 0001**.

Please note that nominations may not be submitted by fax or e-mail.

**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](mailto:returning.officer@sanc.co.za)

Nomination form together with other requested documents should reach the Returning Officer by **31 January 2018 at 16h00**. The envelope should be clearly marked "**NOMINATION FORM**". Nomination 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: \_\_\_\_\_ (If applicable)

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

- Professional Nurse
- Midwife
- Staff Nurse; or
- Auxiliary Nurse
- Law
- Financial matters
- Pharmacy
- Education
- Consumer affairs
- Community representative

**(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: \_\_\_\_\_ (If applicable)

(b) Signature (person seconding the nomination) \_\_\_\_\_  
Print full first names and surname as they appear in the register (person seconding)

Registration Number: \_\_\_\_\_ (If applicable)

**(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: \_\_\_\_\_;(If applicable)

(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: \_\_\_\_\_; (If applicable) 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)

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declare that: –

(a) My Registration Number is: \_\_\_\_\_;(If applicable)

(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

Midwife

Staff Nurse or

Auxiliary Nurse

Law

Financial matters

Pharmacy

Education

Consumer affairs

Community representative

**(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: \_\_\_\_\_