

The following is a brief curriculum vitae of the nominee in relation to his/her expertise and experience in the profession, experience and/or expertise in the provision of health services, policy formulation or in education and training of professionals registered within the board and knowledge and experience in regulatory affairs, governance and professionals ethics:

Expertise and experience in the profession

Expertise and/or experience in the provision of health services and policy formulation or in education and training of professionals registered within the board

Knowledge and experience in regulatory affairs, governance and professional ethics

Referees in relation to experience and/or expertise

1. Name: -----

Institution: -----

Position: -----

Relationship to nominee: -----

Contact details:-----

2. Name:-----

Institution: -----

Position: -----

Relationship to nominee: -----

Contact details:-----

Signature (Nominator 1) -----

First names and surname (in block letters) -----

Registered as ** -----

Registration number -----

Registered postal address -----

Tel No.: ----- Cell No.: -----

Fax No.: ----- Email: -----

Signature (Nominator 2) -----

First names and surname (in block letters) -----

Registered as ** -----

Registration number -----

Registered postal address -----

Tel No.: ----- Cell No.: -----

Fax No.: ----- Email address: -----

DECLARATION BY NOMINEE

I, -----, the undersigned, hereby declare
under oath as follows:

(a) I consent to my nomination as a candidate for appointment as a member of the *

----- and undertake
to execute the functions of the board and council and to adhere to the Act and any
other applicable prescript if appointed;

(b) I confirm that I am not disqualified from being nominated by reason of any of the
requirements for a valid nomination stipulated in the regulations relating to the
nominations and appointment of member of a professional board;

(c) My registered postal address is: -----

Tel No.: ----- Cell No.: -----

Fax No.: ----- E-mail: -----

(d) Gender Male Female

(e) Race Black White

Coloured Asian

(f) Disability Yes No

Signature

Date

Thus done and signed before me at ----- on this ----- day of ----- 20---
the deponent having acknowledged that he/she understands the contents hereof, that
he/she has no objection to taking the prescribed oath or affirmation, and that the said oath
or affirmation is binding on his/her conscience.

COMMISSIONER OF OATHS

*Insert the name of the board concerned

**Insert designation of profession for which registered and professional category, if any

NB The postal addresses given in this form must in every case correspond with the postal
addresses registered with the council

**Every completed nomination form must reach the Returning Officer at the address, fax
number or e-mail address given below by no later than 16:30 on 31 July 2017.**

Every nomination form in respect of which any of the requirements as stipulated in the
notices referred to in the above paragraph has not been complied with, or which is not
received by the aforesaid date and time at the addresses, fax number or e-mail address
given below, will be invalid.

Street address: 553 Madiba Street Arcadia Pretoria 0083. **Postal address:** PO Box 205,
Pretoria 0001. **Website address:** www.hpcs.co.za

Email address: nominations@hpcs.co.za **Fax number:** 012 324 1594. **Queries/further
information:** Sibusiso Nhlapo, **telephone number:** 012 338 3993.