

# NOMINATION FORM

## [Annexure B] FORM 2A

### NOMINATION OF PERSONS TO BE APPOINTED AS MEMBERS OF COUNCIL IN TERMS OF SECTION (5) (1) (c) OF SOCIAL SERVICE PROFESSIONS ACT, ACT 110/1978

**Instruction Note:**

- (a) This is for completion by persons from Training Institutions
- (b) Each candidate shall be nominated separately in one form
- (c) Each person may sign not more than six (6) nomination forms.

#### PART 1: NOMINATION FORM

I .....(full details of the person making a nomination) nominate:

First names: .....

Surname: .....Qualification.....representing,

Name of training institution: .....

for nomination as a candidate to be appointed by the Minister of Social Development as a member of the South African Council for Social Service Professions representing training institutions as contemplated in section 5(1)(c) (i).

#### PART 2: DECLARATION BY PERSON WHO NOMINATES

I declare that I am a South African citizen resident in the Republic at (state full residential address):

.....  
.....

.....  
**Signature of person nominating**

.....  
**Date**

#### Co-signed by two witnesses

.....  
**Signature witness (1)**

Full names and surname: .....

ID number:.....

.....  
**Signature witness (2)**

Full names and surname: .....

ID number:.....



# NOMINATION FORM

- Simultaneously with the lodging of the nomination, each candidate shall lodge with the Minister –
- (a) a curriculum vitae of not more than **150 words**, including, contact details, a telephone and email address;
  - (b) a clear copy of Identity document (card) or Passport including where candidate's name and ID number) are indicated on the back; and
  - (c) his or her consent to the nomination.

## PART 3: CONSENT TO NOMINATION

I, (full names of person being nominated).....

Surname: .....ID number.....

Declare that-

- (a) I represent the category for which I am nominated
- (b) I am a South African citizen;
- (c) I am permanently resident in the Republic at (state full residential address)

.....  
.....and

Consent to the nomination as a candidate to be appointed by the Minister as a member of the South African Council for Social Service Professions representing Training Institutions section 5(1)(c) (i) of the Social Service Professions Act 110 of 1978.

.....  
**Signature of nominee**

.....  
**Date**

## Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number: .....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number: .....

**NOTE:** If the person nominated is unable to sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

# NOMINATION FORM

## [Annexure B] FORM 2B

### NOMINATION OF PERSONS TO BE APPOINTED AS MEMBERS OF COUNCIL IN TERMS OF SECTION (5) (1) (c) OF SOCIAL SERVICE PROFESSIONS ACT, ACT 110/1978

**Instruction Note:**

- (a) This is for completion by persons from National Forums & Networks in the sector
- (b) Each candidate shall be nominated separately in one form
- (c) Each person may sign not more than six (6) nomination forms.

#### PART 1: NOMINATION FORM

I (full details of the person making a nomination) nominate:

First names: .....

Surname: ..... ID Number.....

Name of national forum or network: .....

SACSSP Registration number: .....(only if applicable / not required)

for nomination as a candidate to be appointed by the Minister of Social Development as contemplated in section 5(1)(c) (iii).

#### PART 2: DECLARATION BY PERSON WHO NOMINATES

I declare that I am a South African citizen resident in the Republic at (state full residential address):

.....  
.....

.....  
**Signature of person nominating**

.....  
**Date**

#### Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number: .....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number: .....

# NOMINATION FORM

Simultaneously with the lodging of the nomination, each candidate shall lodge with the Minister –

- (d) a curriculum vitae of not more than **150 words**, including, contact details, a telephone and email address;
- (e) a clear copy of Identity document (card) or Passport including where candidate's name and ID number) are indicated on the back; and
- (f) his or her consent to the nomination.

## PART 3: CONSENT TO NOMINATION

**NOTE:** If the person nominated is unable to complete and sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

I, (full names of person being nominated)

First names: .....

Surname: ..... ID number ..... declare that

- (a) I represent the category for which I am nominated
- (b) I operate at leadership position in the network as.....
- (c) I am a South African citizen;
- (d) I am permanently resident in the Republic at (state full residential address)

.....  
.....and

Consent to the nomination as a candidate to be appointed by the Minister as a member of the South African Council for Social Service Professions representing National Forums and networks in terms of section 5(1)(c) (iii) of the Social Service Professions Act 110 of 1978.

.....  
**Signature of nominee**

.....  
**Date**

## Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number:.....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number:.....

**NOTE:** If the person nominated is unable to sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

# NOMINATION FORM

## [Annexure B] FORM 2C

### NOMINATION OF PERSONS TO BE APPOINTED AS MEMBERS OF COUNCIL IN TERMS OF SECTION (5) (1) (c) OF SOCIAL SERVICE PROFESSIONS ACT, ACT 110/1978

**Instruction Note:**

- (a) This is for completion by persons representing Organised Labour
- (b) Each candidate shall be nominated separately in one form
- (c) Each person may sign not more than six (6) nomination forms.

#### **PART 1: NOMINATION FORM**

I (full details of the person making a nomination) nominate:

First names: .....

Surname: .....ID Number.....representing

Name of trade union: .....

as a candidate to be appointed by the Minister of Social Development as a member of the South African Council for Social Service Professions as contemplated in section 5(1)(c) (iv).

#### **PART 2: DECLARATION BY PERSON WHO NOMINATES**

I declare that I am a South African citizen resident in the Republic at (state full residential address):

.....  
.....

.....  
**Signature of person nominating**

.....  
**Date**

#### **Co-signed by two witnesses**

.....  
Signature witness (1)  
Full names and surname: .....  
ID number:.....

.....  
Signature witness (2)  
Full names and surname: .....  
ID number:.....



# NOMINATION FORM

- Simultaneously with the lodging of the nomination, each candidate shall lodge with the Minister –
- (d) a curriculum vitae of not more than **150 words**, including, contact details, a telephone and email address;
  - (e) a clear copy of Identity document (card) or Passport including where candidate's name and ID number) are indicated on the back; and
  - (f) his or her consent to the nomination.

## PART 3: CONSENT TO NOMINATION

I, (full names of the person being nominated)

First names: .....

Surname: .....ID number.....

- (a) I represent and belong to the category for which I am nominated
- (b) I am a South African citizen; and
- (c) I am permanently resident in the Republic at the residential address:

.....  
.....

Consent to the nomination as a candidate to be appointed by the Minister as a member of the South African Council for Social Service Professions representing Trade Unions in terms of section 5(1)(c) (iv) of the Social Service Professions Act 110 of 1978

.....  
**Signature of nominee**

.....  
**Date**

## Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number:.....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number:.....

**NOTE:** If the person nominated is unable to sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.



# NOMINATION FORM

## [Annexure B] FORM 2D

### NOMINATION OF PERSON TO BE APPOINTED AS MEMBERS OF THE COUNCIL IN TERMS OF SECTION (5) (1) (c)

**Instruction Note:**

- (a) This is for completion by persons from the Business Sector
- (b) Each candidate shall be nominated separately in one form
- (c) Each person may sign not more than six (6) nomination forms.

#### PART 1: NOMINATION FORM

I (full details of the person making a nomination) nominate:

First names: .....

Surname: .....ID Number.....

Name of company or business sector .....

as a candidate to be appointed by the Minister of Social Development as a member of the Council as contemplated in section 5(1)(c) (v)

#### PART 2: DECLARATION BY PERSON WHO NOMINATES

I declare that I am a South African citizen resident in the Republic at (state full residential address):

.....  
.....

.....  
**Signature of person nominating**

.....  
**Date**

#### Co-signed by two witnesses

.....  
**Signature witness (1)**

Full names and surname: .....

ID number: .....

.....  
**Signature witness (2)**

Full names and surname: .....

ID number: .....

# NOMINATION FORM

- Simultaneously with the lodging of the nomination, each candidate shall lodge with the Minister –
- (a) a curriculum vitae of not more than **150 words**, including, contact details, a telephone and email address;
  - (b) a clear copy of Identity document (card) or Passport including where candidate's name and ID number) are indicated on the back; and
  - (c) his or her consent to the nomination.

### PART 3: CONSENT TO NOMINATION

**NOTE:** If the person nominated is unable to complete and sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

I (full details of the person making a nomination) nominate:

First names: .....

Surname: .....ID number.....

Confirm that

- (a) I represent the category for which I am nominated
- (b) I possess financial management, strategic management and leadership skills
- (c) I am a South African citizen; and
- (d) I am permanently resident in the Republic at (state full residential address)

.....  
.....

Consent to the nomination as a candidate to be appointed by the Minister as a member of the South African Council for Social Service Professions representing Business in terms of section 5(1)(c) (v) of the Social Service Professions Act 110 of 1978 and regulation 6 (1) (b).

.....  
**Signature of nominee**

.....  
**Date**

### Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number:.....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number:.....

**NOTE:** If the person nominated is unable to sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.



# NOMINATION FORM

## [Annexure B] FORM 2E

### NOMINATION OF PERSON TO BE APPOINTED AS MEMBER OF THE COUNCIL SECTION (5) (1) (c) OF THE SOCIAL SERVICE PROFESSIONS ACT, ACT 110 OF 1978

**Instruction Note:**

- (a) This is for completion by members of the Public
- (b) Each candidate shall be nominated separately in one form
- (c) Each person may sign not more than six (6) nomination forms.

#### PART 1: NOMINATION

I (full details of the person making a nomination) nominate:

First names: .....

Surname: .....ID Number.....

as a candidate to be appointed by the Minister of Social Development as a member of the Council for Social Service Professions as contemplated in section 5(1)(c) (v)

#### PART 2: DECLARATION BY PERSON WHO NOMINATES

I declare that I am a South African citizen resident in the Republic at (state full residential address):

.....  
.....

.....  
**Signature of person nominating**

.....  
**Date**

#### Co-signed by two witnesses

.....  
**Signature witness (1)**

Full names and surname: .....

ID number: .....

.....  
**Signature witness (2)**

Full names and surname: .....

ID number: .....



# NOMINATION FORM

- Simultaneously with the lodging of the nomination, each candidate shall lodge with the Minister –
- (a) a curriculum vitae of not more than **150 words**, including, contact details, a telephone and email address;
  - (b) a clear copy of Identity document (card) or Passport including where candidate's name and ID number) are indicated on the back; and
  - (c) his or her consent to the nomination.

### PART 3: CONSENT TO NOMINATION

First names: .....

Surname: .....ID number.....

Confirm that

- (a) I represent the category for which I am nominated
- (b) I meet the set criteria for nomination in the category
- (c) I am a South African citizen; and
- (d) I am permanently resident in the Republic at (state full residential address)

.....  
 .....

Consent to the nomination as a candidate to be appointed by the Minister as a member of the South African Council for Social Service Professions representing Community in terms of section 5(1)(c) (vii) of the Social Service Professions Act 110 of 1978 and regulation 6 (1) (b) because I meet the following criteria-

Criteria for nomination	Mark X on applicable criteria
Active involvement in social development activities	
Legally qualified and practicing law	
Strategic thinking and leadership skills	
Specialised knowledge in ethics	
Specialised knowledge in marketing	
Person with disabilities	
Knowledge and understanding of social service professions and social service practices	

.....  
**Signature of nominee**

.....  
**Date**

# NOMINATION FORM

## Co-signed by two witnesses

.....  
*Signature witness (1)*

Full names and surname: .....

ID number: .....

.....  
*Signature witness (2)*

Full names and surname: .....

ID number: .....

**NOTE:** If the person nominated is unable to sign the nomination form, he or she may inform the minister by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

