

Annexure 2: NOMINATION FORM

ESTABLISHMENT OF GOVERNANCE STRUCTURE FOR (Facility Name)

1. I.....
 (name & surname)
 in my capacity as.....(portfolio)
 of the following structure.....(organization)

2. **Nominate**
 Prof/Dr/Rev/Mr/Mrs/Ms/Miss.....
 to be considered for appointment in the **Governance Structure of**
(health facility)

3. **MOTIVATION FOR THE NOMINATED PERSON:**

4. **RECOMMENDED CIVIL SOCIETY STRUCTURE / RECOGNIZED STAKEHOLDER THAT THE NOMINEE BE CONSIDERED TO REPRESENT: (pls tick ✓)**

Youth Organization		Women’s organization	
Faith Based Group		Traditional leader	
Disabilities		Traditional Practitioner	
Business		Health Management	
Organized Labour		NGO:	
Ward:		Community:	

Sign: **Date:**

Contact no: (of the nominating person)

Acceptance of Nomination.

I.....accept the nomination to stand for
 consideration to serve in the governance structure of.....(health
 facility)

Sign (Nominee)

.....**Date**.....