

Office of the Principal | [mwami.a@gscollege.edu.za](mailto:mwami.a@gscollege.edu.za) | [principal.pa@gscollege.edu.za](mailto:principal.pa@gscollege.edu.za) | [principal.a@gscollege.edu.za](mailto:principal.a@gscollege.edu.za)

## **APPLICATION FORM FOR SUITABLE CANDIDATES FOR APPOINTMENT TO THE COUNCIL MEMBERS OF GERT SIBANDE TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING COLLEGE FOR THE TERM - 2024 TO 2029**

This form is to ensure that prospective Council appointees on council comply with the legislative requirements outlined in the Continuing Education and Training Act, Act No 16 of 2006 (CET Act), as amended and college statutes. Information obtained through this form is to ensure compliance with institutional statutes to advise the Minister on council appointments.

The information will be kept strictly confidential.

This form comprises three sections.

- Section 1: Nominee or Applicant's Information.
- Section 2: Council Membership Qualifications.
- Section 3: Consent and Declarations.

**Please complete all sections (including signing and dating the consent and declarations in Section 3)**

### **CATEGORY FOR APPLICATION:**

<b>CATEGORY</b>	<b>MARK WITH (X)</b>	<b>ALL DOCUMENTS ATTACHED (x)</b>
<b>ICT</b>		
<b>FINANCE WITH AUDIT BACKGROUND</b>		
<b>HUMAN RESOURCE (HR)</b>		
<b>BUSINESS DEVELOPMENT/MANAGEMENT AT SENIOR LEVEL</b>		

**SECTION 1. NOMINEE TEMPLATE FOR APPLICATION FOR COUNCIL MEMBERSHIP IN TERMS OF SECTION 10(6) OF THE CONTINUING EDUCATION AND TRAINING ACT**

<b>Title (tick relevant)</b>	<b>Mr.</b>	<b>Mrs.</b>	<b>Ms.</b>	<b>Prof.</b>	<b>Dr.</b>	<b>Adv.</b>
<b>Surname</b>						
<b>Name (s)</b>						
<b>Street Address &amp; No</b>				<b>Mobile Phone</b>		
<b>Suburb</b>				<b>Work Telephone</b>		
<b>Town/city</b>				<b>Home Telephone</b>		
<b>Code</b>				<b>Primary Email</b>		
<b>Province</b>				<b>Secondary Email</b>		
<b>Date of Birth</b>						
<b>Gender</b>						
<b>Race</b>						
<b>Disability</b>	<b>Yes</b>			<b>No</b>		
<b>Profession</b>						
<b>Highest Academic Qualification</b>						
<b>Are you a south African citizen</b>	<b>Yes</b>			<b>No</b>		
<b>If not please state citizenship</b>						
<b>Have you ever served as a council member in a college(s) council before?</b>						
<b>If yes, please state the name (s) of and the college (s) and the period (s) of appointment</b>						

## SECTION 2: COUNCIL MEMBERSHIP QUALIFICATIONS

The CET Act and college statutes contain grounds which disqualify persons from council membership. Please answer the following questions to determine whether you are eligible for appointment to a council of a public college.

Have you been disqualified to act as a director in terms of the legislation regulating the governance of companies or removed from an office of trust by a court of law or similar tribunal or forum?
<b>Yes / No</b>
Have you ever been convicted of an offence for which the sentence was imprisonment without the option of a fine?
<b>Yes / No</b>
Have you ever been declared insolvent by a court of law?
<b>Yes / No</b>
Have you ever been declared unfit to attend to personal affairs by a court of law?
<b>Yes / No</b>
Have you in the past been involved in activities that could call into question your reputation?
<b>Yes / No</b>
Are you a Member of Parliament or Legislature?
<b>Yes / No</b>
Are there any real, perceived or potential conflicts of interest between your circumstances and any matters relating to any public? If yes, please specify the institution
<b>Yes / No</b>
Please also list any currently held board or council membership/directorship/trusteeship of any company, organization or trust. Include dates of commencement; if none held, please write, None
1.
2.
3.
Have you, in terms of your current work and/or other commitments, the capacity to diligently discharge your duties to Council?
<b>Yes / No</b>

<b>Yes / No</b>
List any matters of which the Minister should be aware in considering your suitability for appointment.

### SECTION 3: CONSENT AND DECLARATIONS

I, \_\_\_\_\_, hereby declare that:

- a) I give consent to the Department to recommend my name to the Minister of Higher Education, Science and Innovation for consideration and appointment to a council of a public college.
- b) I disclosed all my interests in matters relating to any publics.
- c) The information provided in this form is accurate.
- d) I acknowledge that the information provided on this form will be used by the Department for the purpose of confirming my eligibility to serve as a council member.
- e) I acknowledge that the copies of the Identity Document, qualification and training certificates are certified copies.
- f) I note that all information I provide will be held securely and kept confidential, except as may be required to be disclosed by law.

**Signed:** ..... **Date:** .....

#### Disclaimers

- Acknowledgement of the nomination does not mean acceptance as a candidate or appointment.
- The Minister reserves the right not to select any nominee as a candidate.