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**NOMINATION FORM**

**NOMINATION FORM FOR CANDIDATES TO BE CONSIDERED FOR APPOINTMENT TO SERVE ON THE BOARD OF THE NATIONAL HEALTH LABORATORY SERVICE IN TERMS OF THE NATIONAL HEALTH LABORATORY SERVICE ACT, 2000 (ACT NO. 37 OF 2000)**

**Requirements of a valid nomination**: Each nomination must be duly completed and signed by the person making the nomination and the nominee. Failure to sign the nomination form may lead to disqualification of the nomination. The completed form together with a comprehensive Curriculum Vitae (CV) of the nominee should be attached, including certified copies of academic qualifications and the nominee’s identity document as well any other relevant supporting documents.

Nominations should be addressed to the Director-General, Department of Health, and marked for the attention of the Director: Public Entities Governance and submitted via email to [nominations@health.gov.za](mailto:nominations@health.gov.za)

**Closing Date: Friday, 16 June 2023 at 16h00.**

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| **NOMINEE DETAILS** | | | | | | | | | | | | | | |
| **Title:** | **First name:** | | | | | | | **Surname:** | | | | | | |
| **Gender:**   |  |  |  |  | | --- | --- | --- | --- | | **Male** |  | **Female** |  | | | | | | **ID Number:**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **Race:** | | | | | | | | | | | | | | |
| **African** |  | **White** |  | | **Coloured** |  | | **Indian** |  | **Other** | | |  | |
| **Nationality** |  | | | | | | | **Province** |  | | | | | |
| **Have you been convicted or found guilty of a criminal offence (including an admission of guilt)** | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | | | **If Yes (provide details)** | | | | | | | |
| **Do you have any pending criminal case against you?** | | | | | | | | | | | **Yes** | | | **No** |
| **If yes, (provide details)** | | | | | | | | | | | | | | |
| **CONTACT DETAILS** | | | | | | | | | | | | | | |
| **Postal/Residential address:** | | | | | | | | | | | | | | |
| **Cell No:** | | | | | | **Tel No:** | | | | | | | | |
| **E-mail address:** | | | | | | | | | | | | | | |
| **ACADEMIC QUALIFICATIONS (attach certified copies):** | | | | | | | | | | | | | | |
| **Qualification** | | | | | | **Institution** | | | | | | | | |
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| **WORK EXPERIENCE (attach a detailed CV):** | | | | | | | | | | | | | | |
| **Company/Department** | | | | | | **Position Held** | | | | | | | **Appointment Date** | |
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| **BOARD/COUNCIL//TRIBUNAL COMMITTEE EXPERIENCE:** | | | | | | | | | | | | | | |
| **Entity/Institution:** | | | | **Board/Council/Tribunal Role** | | | | **Appointment Date** | | | | **Termination Date** | | |
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| **MOTIVATION FOR THE NOMINATION:** | | | | | | | | | | | | | | |
| **BRIEF DETAIL OF THE NOMINEE’S EXPERIENCE, SKILLS AND KNOWLEDGE:** | | | | | | | | | | | | | | |
| **CONFLICT OF INTERESTS** | | | | | | | | | | | | | | |
| I hereby confirm that neither myself, my spouse or immediate family member are employed, have direct or indirect business interest with the National Health Laboratories Service, and its subsidiaries. | | | | | | | | | | | | | | |
| Yes | | No | | | | | If Yes (provide details below) | | | | | | | |
| Details of interests: | | | | | | | | | | | | | | |

**Disqualification conditions:** A person **shall not** be appointed as Board member if he or she: -

(a) is not a South African citizen and ordinarily resident in the Republic;

(b) is an unrehabilitated insolvent;

(c) has at any time been convicted of an offence involving dishonesty, whether in the Republic or elsewhere, and sentenced to imprisonment without the option of a fine;

(d) has been removed from an office of trust, or

(e) he or she was declared by the High Court to be of unsound mind or mentally disordered or is detained under the Mental Health Act, 1973 (Act 18 of 1973).

(g) Has or acquires an interest in a business or enterprise, which may conflict or interfere with the proper performance of the duties of a member of the Board.

**Remuneration:** Successful candidates will be remunerated as per the National Treasury’s circular on Service Benefits Packages for Office-Bearers of statutory and other institutions**.** Employees of National, Provincial and Local Government, government agencies or entities, appointed as members on the NHLS Board, are not entitled to additional remuneration, and will not be remunerated for their service as members of the NHLS Board. Members of the Board will not serve in full-time capacity, and it is envisaged that the Board will meet on a quarterly basis.

**NOMINEE ACCEPTANCE, DECLARATION AND CONSENT TO PROCESS (USE) PERSONAL INFORMATION (TO BE COMPLETED BY THE PERSON ACCEPTING THE NOMINATION):**

**Category of nomination** (**TICK ONLY ONE**):

on account of my extensive knowledge in law

I, the undersigned,

**Signature:**

**(Surname, full name(s) and ID number)**

**SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(place) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

Hereby confirm that I have read and understood the disqualification conditions above and that I am fully qualified to be appointed; I have also read and understood the remuneration applicable and therefore accept the nomination to serve on the **Board of the** **National Health Laboratory Service.**

I declare that all information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my nomination being disqualified. I give my consent to the Department to process (use) the personal information I have submitted in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), as amended.

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| **DETAILS OF THE INSTITUTION AND/OR INDIVIDUAL MAKING THE NOMINATION:** | |
| **Name** |  |
| **Organisation** |  |
| **Postal/Residential Address** |  |
| **Contact numbers** |  |
| **E-mail** |  |
| **Relationship to nominee** |  |
| **Signature** |  |
| **Date** |  |
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