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**NOMINATION FORM**

**NOMINATION FORM FOR APPOINTMENT AS MEMBER OF THE INTERIM COUNCIL OF TRADITIONAL HEALTH PRACTITIONERS OF SOUTH AFRICA**

**Submission of nominations:** Nominations should be addressed to the Director-General, Department of Health, and marked for the attention of the Registrar: ITHPCSA and submitted via email to **nominations@health.gov.za**. By no later than **16h30 on 25 February 2022**

**I/ We the undersigned hereby nominate the following person as a nominee for appointment by the Minister as a member of the Council**

**Part A: PARTICULARS OF THE NOMINEE**

|  |  |
| --- | --- |
| 1. **Full names of nominee or traditional health practitioner**
 |  |
| 1. **RSA Citizen: Yes / No**
 |  |
| 1. **ID Number**
 |  |
| 1. **Telephone/Mobile Number**
 |  |
| 1. **Email Address**
 |  |
| 1. **Physical address**
 |   |
| 1. **Postal address (if different to above)**
 |  |
| 1. **Category of Nomination** (tick applicable nomination –(if A & B skip 10-11 below and if C complete all)
 | 1. **Community Representative**
 |  |
| 1. **Person Versed in Law**
 |  |
| 1. **Traditional Practitioner**
 |  |
| 1. **Province in which the practitioner predominantly practices**

**(tick and state town/city/village)** | EASTERN CAPE |  |
| FREE STATE |  |
| GAUTENG |  |
| KWAZULU-NATAL |  |
| LIMPOPO |  |
| MPUMALANGA |  |
| NORTHERN CAPE |  |
| NORT WEST |  |
| WESTERN CAPE |  |
| 1. **Main area of practice (mark one with X)**
 | Diviner |  |
| Herbalist |  |
| Traditional Birth Attendant |  |
| Traditional Surgeon |  |
| 1. **Number of years in practice and place of practice**
 |  |  |

**Part B: Acceptance and Consent to Process (Use) Personal Information**

I the undersigned

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

I hereby declare that I am willing to accept the abovementioned nomination and am available to serve on the Interim Traditional Health Practitioners Council should the Minister of Health decide to appoint me to this position, and 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*.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_***

***­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­*Signature or mark of the nominee Date**

**Part C: Particulars of nominating person (Nominator)**

I the undersigned

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(Full names of the person nominating and occupation)

I hereby declare that the information given is correct, and understand that it is Minister’s prerogative to appoint members of the interim Traditional Health Council***.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_***

**Signature or mark of person nominating Date**

**Part D: MOTIVATION AND CV FOR NOMINATION:** Please complete and attach a detailed motivation to this form. The motivation should, for instance, contain a description of the nominee’s achievements and/or contributions to the countryand **DETAILED CURRICULUM VITAE** of the nominee to this nomination form