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**NOMINATION FORM**

**NOMINATION FORM FOR CANDIDATES TO BE CONSIDERED FOR APPOINTMENT TO SERVE ON THE BOARD OF THE SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY**

**Requirements for a valid nomination**: Each nomination form 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 must be submitted together with the nominee's comprehensive curriculum vitae (CV), certified copies of academic qualifications, a copy of an identity document, and 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

**Closing Date: Friday, 13 December 2024 at 16h00.**

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| **NOMINEE DETAILS** |
| **Title:** | **First name:** | **Surname:** |
| **Gender:**

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| **Male** |  | **Female** |  |

 | **ID Number:**

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| **Race:** |
| **African** |  | **White**  |  | **Coloured** |  | **Indian** |  | **Other** |  |
| **Nationality**  |  | **Province**  |  |
| **Current Employment** |  |
| **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 cases against you?** | **Yes** | **No** |
| **If yes, (provide details)** |
| **Have you been dismissed from work?** | **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** | **Termination 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 my immediate family member are employed, and have direct or indirect business interest with the **South African Health Products Regulatory Authority**. |
| **Yes** | **No** | If Yes (provide details below) |
| Details of interests: |

**Disqualification from membership of the Board:** A person may not be appointed as a member of the Board if that person: -

1. is not a South African citizen and ordinarily resident in the Republic;
2. is an unrehabilitated insolvent;
3. 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; or
4. has been removed from an office of trust.

**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**):

Medicine, Medical Devices, IVD, Vigilance, Clinical Trials, Good Manufacturing Practice, Public Health or Epidemiology;

Specify field(s) of expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Law

Good Governance

Financial matters and accounting

Information Technology

 Human Resource Management

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 **South African Health Products Regulatory Authority.**

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** |  |