

BOARD NOTICE 3 OF 2003

THE SOUTH AFRICAN NURSING COUNCIL

**NOTICE OF ELECTION OF MEMBERS OF THE SOUTH AFRICAN NURSING
COUNCIL**

[SECTION 6 OF THE NURSING ACT, 1978 (ACT No. 50 of 1978)]

1. In terms of the provisions of the Regulations relating to the election of members of the Council, published under Government Notice No. R.1318 of 10 October 1997, notice is hereby given that an election of members to serve on the Council for the period 30 May 2003 until 29 May 2008, is to be held.

Nomination of registered nurses or registered midwives

2. (1) Nominations are invited for the election of twelve (12) registered nurses or registered midwives.

Each registered nurse or registered midwife who is a South African citizen resident in the Republic shall be eligible for nomination.

Each registered nurse or registered midwife who is a South African citizen resident in the Republic may sign not more than twelve (12) nominations.

Nomination of enrolled nurses

(2) Nominations are invited for the election of three (3) enrolled nurses.

Each enrolled nurse who is a South African citizen resident in the Republic shall be eligible for nomination.

Each enrolled nurse who is a South African citizen resident in the Republic may sign not more than three (3) nominations.

Nomination of enrolled nursing auxiliaries

(3) Nominations are invited for the election of three (3) enrolled nursing auxiliaries.

Each enrolled nursing auxiliary who is a South African citizen resident in the Republic shall be eligible for nomination.

Each enrolled nursing auxiliary who is a South African citizen resident in the Republic may sign not more than three (3) nominations.

3. Each candidate shall be nominated separately in the following form and each nomination shall be signed by two (2) persons who are eligible to vote:

NOMINATION FORM

We nominate (print the full first names and surname of the candidate as they appear in the register) _____
_____ for election as a member of the South African Nursing Council in the category

- **Registered nurse /registered midwife**
- **Enrolled nurse**
- **Enrolled nursing auxiliary**

(Delete whichever is not applicable)

(a) Signature (Nominator No. 1) _____
Print full first names and surname as they appear in the register _____
_____ Council Ref. No. _____

(b) Signature (Nominator No. 2) _____
Print full first names and surname as they appear in the register _____
_____ Council Ref. No. _____

4. The above persons who sign a nomination form shall lodge a declaration as follows with the nomination:

DECLARATION BY PERSONS WHO SIGN A NOMINATION FORM

NOMINATOR NO. 1

I (print full first names and surname as they appear in the register) _____
_____ Council Ref. No. _____,
declare that I am a South African citizen resident in the Republic at (state full residential
address) _____

Signature

I certify that the deponent has acknowledged that he/she knows and understands the
contents of this declaration.

Sworn to/affirmed and signed before me at _____ on _____

Commissioner of Oaths

Office held _____

NOMINATOR NO. 2

I (print full first names and surname as they appear in the register) _____
_____ Council Ref. No. _____,
declare that I am a South African citizen resident in the Republic at (state full residential
address) _____

Signature

I certify that the deponent has acknowledged that he/she knows and understands the
contents of this declaration.

Sworn to/affirmed and signed before me at _____ on _____

Commissioner of Oaths

Office held _____

5. Simultaneously with the lodging of a nomination or not later than the time and date determined in paragraph 6, each candidate shall lodge with the returning officer -

- (a) a curriculum vitae of not more than 150 words, including, where possible, telephone and fax numbers where the candidate may be reached;
- (b) a black and white passport photograph on which the candidate's name and Council reference number are indicated on the back;
- (c) a certified copy of the page in the candidate's identity document or passport containing 'particulars of the person' as proof of South African citizenship;
- (d) a consent to nomination in the following form:

CONSENT TO NOMINATION
I (print full first names and surname as they appear in the register) _____ _____ Council Ref. No. _____,
declare that -
(a) I consent to nomination;
(b) I am a South African citizen;
(c) I am permanently resident in the Republic at (state full residential address) _____ _____
(d) I agree to accept nomination in the category ➤ Registered nurse / registered midwife; ➤ Enrolled nurse; ➤ Enrolled nursing auxiliary (Delete whichever is not applicable)
(e) I undertake to abide by the Code of Conduct for members of the Nursing Council which is obtainable from the Council at: P O Box 1123, Pretoria. 0001.
_____ Signature
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration.
Sworn to/affirmed and signed before me at _____ on _____
_____ Commissioner of Oaths
Office held _____

6. Each nomination shall be lodged with the returning officer by post or by hand not later than **16:30** on **28 February 2003** at the address stated below.

Forms are obtainable from the returning officer, but voters and candidates may draft their own forms: Provided these comply with the stipulated requirements.

7. A nomination which does not comply with the above requirements, or which has not been lodged with the returning officer at the address stated below by the said time and date, shall be invalid.

H Subedar
Returning Officer

Postal Address: The Returning Officer,
P O Box 2542, PRETORIA, 0001.

Delivery Address: The Returning Officer,
602 Pretorius Street, Arcadia, PRETORIA, 0083.

Date: 7 January 2003

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