# BOARD NOTICE RAADSKENNISGEWING

## **BOARD NOTICE 4 OF 2006**

### HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

#### BY-ELECTION OF A PSYCHOMETRIST TO SERVE AS A MEMBER OF THE PROFESSIONAL BOARD FOR PSYCHOLOGY

- (1) Notice is hereby given in terms of the provisions of the Regulations relating to the Election of Members of the Professional Board for Psychology that a by-election to elect one Psychometrist to serve during the remaining period of the term of the Board, ending the 1st day of May 2009 is about to be held, as follows:
- (2) Due to the resignation of the Psychometrist serving on the Board, one new member from the register of Psychometrists have to be elected.
- (3) Nominations of eligible persons are awaited. Every person whose name appears on the register for Psychometrists, kept under section 18 cf Act 56 of 1974 -
  - (a) who has not entered into a composition with the creditors of his or her estate, or whose estate has not been sequestrated;
  - (b) who is not disgualified under the Act from practising his or her profession;
  - (c) who is a South African citizen and is permanently resident in South Africa;
  - (d) who is not a patient as defined in section 1 df the Mental Health Act, 1973 or
  - (e) who has not been convicted of an offence in respect whereof he or she was sentenced to imprisonment without *the* option of a fine,

is eligible for nomination.

- (4) Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election i.e. another Psychometrist, may sign the nomination forms of any number candidates NOT exceeding the number to be elected.
- (5) Each nomination form must -
  - (a) state the first names and the surname of the candidate nominated;
  - (b) state the candidate's registered profession and professional category, if any;
  - (c) state the other details of the candidate as required in the nomination form;
  - (d) be signed by *two* persons whose names appear in the register for Psychometrists referred to in paragraph (2) above; and
  - (e) be signed by the person nominated confirming that he or she consents to his or her nomination, while the **postal** addresses registered with the council of every person so signing, must be appended to his or her signature.
- (6) If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission that he or she consents to his or her nomination.
- (7) Every nomination form must reach *the* returning **officer**, from whom nomination forms may be obtained on application, at the address given **below** not **later** than 15 March 2006.
- (8) A non-refundable deposit of R200 must accompany the nomination.

(9) Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date and time at the address given below, will be invalid.

ADV BOYCE M MKHIZE RETURNING OFFICER

Street address: 553 Vermeulen Street Arcadia PRETORIA

**Postal address:** 

PO Box 205 PRETORIA 0001

Date: 6 January 2006

# **NOMINATION FORM**

# ELECTION OF A PSYCHOMETRIST TO SERVE AS A MEMBER OF THE PROFESSIONAL BOARD FOR PSYCHOLOGY

| We,    | the  | undersigned,              | registered       | Psychome      | trists              | hereby     | nom         | inate |  |
|--------|--|---------------------------|------------------|---------------|---------------------|------------|-------------|-------|--|
|        |  |                           |                  |               |                     | •          | names       | and   |  |
|        | -  | is registered as a        | -                |               |                     |            | -           | -     |  |
|        | -  | uth Africa, as a car      | ndidate for elec | tion as a men | nber <b>Æ</b> the l | board at t | he forthcoi | ming  |  |
| by-ele | ection.  |                           |                  |               |                     |            |             |       |  |
| (1)    | Signatu  | re                        |                  |               |                     |            |             |       |  |
|        | First names and sumame (in block letters)              |                           |                  |               |                     |            |             |       |  |
|        | · · · · · · · · · · · · · · · · · · ·                  |                           |                  |               |                     |            |             |       |  |
|        | Registeredas Psychometrist                             |                           |                  |               |                     |            |             |       |  |
|        | Registration number                                    |                           |                  |               |                     |            |             |       |  |
|        | Registe  | redpostal address         |                  |               |                     |            |             |       |  |
|        |  |                           |                  |               |                     |            |             |       |  |
|        | Tel. No.:  |                           | C                | Cell No.:     |                     |            |             |       |  |
|        | Fax No.:   |                           | E                | -mail:        |                     |            |             |       |  |
|        | Signed in the presence of the following two witnesses: |                           |                  |               |                     |            |             |       |  |
|        | Signature:   |                           |                  |               |                     |            |             |       |  |
|        | Signatur   | re:                       |                  |               |                     |            |             |       |  |
| (2)    | Signature  |                           |                  |               |                     |            |             |       |  |
|        | First names and surname (in block letters)             |                           |                  |               |                     |            |             |       |  |
|        |  |                           |                  |               |                     |            |             |       |  |
|        | Register   | red as a Psychome         | etrist           |               |                     |            |             |       |  |
|        | •  | ation number              |                  |               |                     |            |             | ••••• |  |
|        | •  | red <b>postal</b> address |                  |               |                     |            |             |       |  |
|        |  |                           |                  | cell No:      |                     |            |             |       |  |
|        |  |                           |                  |               |                     |            |             |       |  |
|        |  | n the presence of t       |                  | -mail:        |                     |            |             | ••••• |  |
|        | •  | -                         | •                |               |                     |            |             |       |  |
|        | -  | e:                        |                  |               |                     |            |             |       |  |
|        | Signature  | e:                        |                  |               |                     |            |             |       |  |

(3) I, the undersigned, a registered Psychometrist, hereby consent to my nomination as a candidate for election as a member of We Professional Board for Psychology and confirm the following:

| (a)          | My registered postal address is:. |           |        |  |
|--------------|-----------------------------------|-----------|--------|--|
| (b)          | Gender                            | Male      | Female |  |
| (C)          | Race                              | Black     | White  |  |
| (d)          | Previously disadvantaged          | Yes       | No     |  |
| Tel.<br>No.: |                                   | Cell No.: |        |  |
| Fax<br>No.:  |                                   | E-mail:   |        |  |
|              | Signature                         | Date      |        |  |

- \* insert the name of the board concerned
- \*\* Insert designation of profession for which registered and professional category, if any

#### NB

- 1. The postal addresses given in this form must in every case correspond with the postal addresses registered with the council.
- 2. A non-refundable deposit of R200 (Two Hundred Rand) must accompany the completed nomination form. This amount may be deposited in the bank account of Council

HPCSA ABSA Bank Arcadia Branch Account Number: 061 00 00 169 Branch Code: 334945

and proof ofpayment attached to the nomination form.