
BOARD NOTICE

BOARD NOTICE 91 OF 2009



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

ELECTION OF MEMBERS OF PROFESSIONAL BOARD FOR SOCIAL WORK

In accordance with regulation 9 of the Regulations regarding the election and appointment of members of a professional board made in terms of the Social Service Professions Act, 1978 (Act 110 of 1978), as amended, notice is herewith given that an election will be held for –

- 4 (four) social workers nominated and elected by social workers;
- 1 (one) social worker elected by social workers from nominations by the social work education and training institutions;
- 1 (one) social worker engaged in full-time or part-time private practice, nominated and elected by social workers; and
- 1 (one) social auxiliary worker nominated and elected by social auxiliary workers.

Nominations of persons who comply with the requirements of regulation 2 of the above mentioned regulations, are invited.

Each nominee must –

- be nominated by a person as prescribed;
- be nominated on a form available from the returning officer, stating his or her full first names, surname, identity number, registration number with the Council and address;
- accept such nomination in writing on the prescribed nomination form or if it is impossible for the nominee to sign the nomination form, he or she may notify the returning officer by letter, fax or e-mail that he/she accepts his/her nomination;
- be a South African citizen who is resident in the Republic; and
- deposit with the returning officer an amount of R50 (*reference number to be specified on the deposit slip: PBSW nomination*)

Bank Account details:

Account name: ABSA Bank:

Account number: 214 0222731

Branch Code: 632005

Branch Name: Hatfield

Any person who is entitled to vote at the election, may sign the nomination form of any number of nominees in the category for which he or she is entitled to vote, but not more than the number of members to be elected in that category. The nomination form must state the full first names, surname, registration number with the Council and address of the nominator and must be signed by him/her.

Each nomination form in respect of which any of these provisions have not been complied with or which is not received on or before the date and time mentioned at the address given below, will be invalid.

Each nomination must reach the nomination officer at the address below **before or on 31 August 2009 at 16:00**. Nomination forms are also available at this address.

Iyeda V SMITH
Returning Officer

Postal address: SA Council for Social Service Professions, Private Bag X12, Gezina, 0031

Street address: 37 Annie Botha Ave, Riviera, Pretoria, 0084.

Telephone number: (012) 356 9940

Fax number: 086 607 8563

E-mail: mail@sacssp.co.za

Website: www.sacssp.co.za



ANNEXURE A

SA COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

NOMINATION FOR ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR SOCIAL WORK***REQUEST FOR NOMINATIONS***

1. In terms of the provisions of regulation 10(a) of the Regulations *relating to the election and appointment of members of a professional board*, nominations are hereby requested for candidates to be elected by social workers and social auxiliary workers to serve on the professional board for social work.
2. (1) Nominations are invited for the election of the following members of the Professional Board for Social Work:
 - 4 (four) social workers nominated and elected by social workers;
 - 1 (one) social worker elected by social workers from nominations by the social work education and training institutions;
 - 1 (one) social worker engaged in full-time or part-time private practice, nominated and elected by social workers; and
 - 1 (one) social auxiliary worker nominated and elected by social auxiliary workers.
- (2) Each candidate who is a South African citizen resident in the Republic shall be eligible for nomination.
3. (1) Each candidate shall be nominated separately on the following nomination forms:

**ANNEXURE A*****NOMINATION FORM***

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:.....

.....

for election as a member of the Professional Board for Social Work in the category:

Social worker (1)

Signature of person nominating

(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination , as prescribed:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:

.....

for election as a member of the Professional Board for Social Work in the category:

Social worker (2).

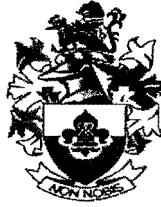
Signature of person nominating

(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination , as prescribed:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:.....

.....

for election as a member of the Professional Board for Social Work in the category:

Social worker (3)

Signature of person nominating

(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination, as prescribed:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:.....

.....

for election as a member of the Professional Board for Social Work in the category:
Social worker (4).

Signature of person nominating

(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination , as prescribed:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:

.....

for election as a member of the Professional Board for Social Work in the category:
social worker engaged in full-time or part-time private practice.

Signature of person nominating

(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname **and registration number** of the candidate as they appear in the official register of the SACSSP:.....

.....
for election as a member of the Professional Board for Social Work in the category:
social worker elected by social workers from nominations by the social work education and training institutions.

Signature of person nominating
(print full first names, surname **and registration number** of the person who nominates as they appear in the official register of the SACSSP:.....

.....
.....

(2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination , as prescribed:



ANNEXURE A

NOMINATION FORM

I nominate (print the full first names, surname and registration number of the candidate as they appear in the official register of the SACSSP:.....

.....

for election as a member of the Professional Board for Social Work in the category **social auxiliary worker, nominated and elected by social auxiliary workers.**

Signature of person nominating

(print full first names, surname and registration number of the person who nominates as they appear in the official register of the SACSSP:.....

.....

.....

- (2) Each person who signs a nomination form shall lodge a declaration in the following form with the nomination , as prescribed:



ANNEXURE A

DECLARATION BY PERSON WHO NOMINATES

I nominate (print the full first names, surname **and** registration number of the candidate as they appear in the official register of the SACSSP:.....,

.....
 declare that I am a South African citizen resident in the Republic at (state full residential address and telephone number).....

.....
 Signature of person nominating

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

**ANNEXURE A**

Office held:

(3) Simultaneously with the lodging or not later than the time and date determined in subparagraph (4), each candidate shall lodge with the returning officer-

- (a) a curriculum vitae of not more than 150 words, including, where possible, a telephone, fax number and / or e-mail address where the candidate may be reached;
- (b) passport photograph on which the candidate's name and council registration number are indicated on the back;
- (c) a deposit of R50,00; (*reference number to be specified on the deposit slip:*

PBSW nomination)

Bank Account details:

Account name: ABSA Bank:

Account number: 214 0222731

Branch Code: 632005

Branch Name: Hatfield

- (d) his or her consent to the nomination in the following form:



ANNEXURE A

CONSENT TO NOMINATION

I (print full first names, surname and registration number as they appear in the official register of the SACSSP):.....

,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 and telephone number):.....

- (d) I agree to accept nomination in the following category:.....

.....

Signature of nominee

Sworn to / affirmed and signed before me at on

.....

COMMISSIONER OF OATHS

**ANNEXURE A**

Office held:.....

(4) Each nomination shall be lodged with the returning officer by post, fax, e-mail or by hand not later than **16:00 on Monday, 31 August 2009.**

Forms are available from the returning officer.

4. A nomination which does not comply with the above requirements and the requirements of the regulations regarding the election and appointment of members of a professional board, or which has not been lodged with the returning officer at the address stated below by the said time and date shall be invalid.

A handwritten signature in black ink, appearing to read 'Iveda V Smith'.

Iveda V SMITH

RETURNING OFFICER

Postal address:	SA Council for Social Service Professions, Private Bag X12, Gezina, 0031
Street address:	37 Annie Botha Ave, Riviera, Pretoria, 0084.
Telephone number:	(012) 356 9940
Fax number:	086 607 8563
E-mail:	mail@sacssp.co.za
Website:	www.sacssp.co.za