
BOARD NOTICE

BOARD NOTICE 200 OF 2013

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

ELECTION OF MEMBERS OF THE SACSSP AND PROFESSIONAL BOARD FOR CHILD AND YOUTH CARE (PBCYC)

In accordance with regulation 11 and 9 of the Regulations regarding the elections and appointment of members of the council and a professional board made in terms of the Social Service Professions Act, 1978 (Act 110 of 1978), notice is herewith given that an election will be held for:-

- 1 (one) social worker nominated and elected by social workers; and
- 3 (three) child and youth care workers nominated and elected by child and youth care workers

Nominations of persons who comply with the requirements 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/her full 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/she may notify the returning officer by letter, fax, or email that he/she accepts his/her nomination and
- deposit with the returning officer an amount of R50, (reference number to be specified on the deposit slip: SACSSP nomination)

Bank Account details:

Bank: ABSA
Account name: SACSSP
Account number: 2140222731
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/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 names, surname and 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 returning officer at the address below on or before **15 November 2013 at 16H00**. Nomination forms are also available at this address and the website.



IV 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

Tel: (012) 356 8300

Fax number: 012 356 8400/0865778293

E-mail: elections@sacssp.co.za/mail@sacssp.co.za

Email: elections@sacssp.co.za

Website: www.sacssp.co.za



ANNEXURE A

SA COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

NOMINATION FOR ELECTION TO FILL A VACANCY OF A MEMBER OF THE SACSSP (COUNCIL)

REQUEST FOR NOMINATIONS

1. In terms of the provisions of regulation 11 of the Regulations *relating to the election of a member of the SACSSP (Council)*, nominations are hereby requested for a candidate to be elected by social workers to serve on the SACSSP (Council).
2. Nominations are invited for the election of the following member of the SACSSP (Council):
 - 1 (one) social worker nominated and elected by social workers.
3. Each candidate who is a South African citizen resident in the Republic shall be eligible for nomination.
4. Each candidate shall be nominated separately by completing the following:

NOMINATION FORM

5. I nominate (print the **full first names, surname and voter’s registration number or council’s registration number** of the candidate as they appear on the voters’ list or as they appear in the official register of the council). Delete whichever is not applicable.

.....
.....

for election as a member of the SACSSP in the category **Social Work** .

Signature of person nominating

(print **full first names, surname and voter’s registration number or council’s registration number** of the person who nominates as they appear on the voters’ list or as they appear in the official register of the council). Delete whichever is not applicable

.....
.....

6. Each person who signs a nomination form shall lodge a declaration by completing the following:

DECLARATION BY PERSON WHO NOMINATES

I (print the **full names, surname and voter’s registration number or council’s registration number** as they appear on the voters’ list or as they appear in the official register of the council)

.....
.....

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

.....



ANNEXURE A

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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

Office held:

- 7. Simultaneously with the lodging and not later than the time and date determined in subparagraph (8), 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 (ABSA Current Account 2140222731 and send proof of payment);
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION

I (print full first names, surname and voter’s registration number or council’s registration number as they appear on the voters’ list or as they appear in the register of the council)

....., 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
Office held:

**ANNEXURE A**

8. Each nomination shall be lodged with the returning officer by post, fax, e-mail or by hand not later than **16:00 on Friday, 15 November 2013.**

Forms are available from the returning officer.

9. A nomination which does not comply with the above requirements and the requirements of the regulations regarding election and appointment of members of the SACSSP, 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 (Mrs)

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 8321/22

Fax number: 012 356 8400/0865778293

E-mail: elections@sacssp.co.za/mail@sacssp.co.za

Website: www.sacssp.co.za

Date: _____ 2013

NO: _____ GOVERNMENT GAZETTE



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for election as a member of the SACSSP in the category **Social Work** .

Signature of person nominating

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- (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:

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Signature of nominee

Sworn to/affirmed and signed before me at on

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Office held:

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Iveda V SMITH (Mrs)

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