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## BOARD NOTICES

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### BOARD NOTICE 81 OF 2015



### SA COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

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### NOMINATION FOR THE ELECTION TO FILL VACANCIES ON THE SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

#### **REQUEST FOR NOMINATIONS**

1. In terms of the provisions of Regulations 5(1)(2)(3) and 6(1) of the Social Service Professions Act regarding the election and appointment of members of the Council 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:
  - 2 (two) social workers nominated and elected by social workers.
2. Nominations of persons who comply with the requirements of section 5(1) (a) of the above mentioned regulations, are invited.
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**

I nominate (print the **full first names, surname and voter's registration number** or **council's registration number (10-.....)** of the candidate or as they appear in the official register of the council).

.....

.....

for election as a member of the SACSSP in the category **Social Work** (number 1).

.....

**Signature of person nominating**

(print full **first names, surname and voter's registration number** or **council's registration number (10-.....)** of the person who nominates or as they appear in the official register of the council).

.....

.....

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



### **NOMINATION FORM**

I nominate (print the **full first names, surname and voter's registration number** or **council's registration number (10-.....)** of the candidate as they appear in the official register of the council.

.....

.....

for election as a member of the SACSSP in the category **Social Work** (number 2).

.....

**Signature of person nominating**

(print full **first names, surname and voter's registration number** or **council's registration number (10-.....)** of the person who nominates as they appear in the official register of the council).

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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 (10-.....)** 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)

.....

.....

.....  
**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: .....**

- 5(1) Simultaneously with the lodging and not later than the time and date determined in subparagraph 5(2), 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 (10-.....) 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:

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.....

.....

**Signature of nominee**

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

.....

.....

**COMMISSIONER OF OATHS**



**OFFICE HELD:** .....

5(2) 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 MAY 2015.**

**Forms are available from the returning officer.**

6.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](mailto:elections@sacssp.co.za)

**Website:** [www.sacssp.co.za](http://www.sacssp.co.za)

**Date:** **15 APRIL 2015**

NO: \_\_\_\_\_ GOVERNMENT GAZETTE