

## BOARD NOTICE

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### BOARD NOTICE 134 OF 2015



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

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#### ***NOMINATION OF CANDIDATES FOR THE ELECTION OF MEMBERS OF THE 4TH SA COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)***

#### ***REQUEST FOR NOMINATIONS***

1. In terms of the provisions of regulation 5(1) (a) and (b) of the regulations relating to the election of members of the SA Council for Social Service Professions, nominations are hereby requested for candidates to be elected by social works to serve on the council.

- **Nomination of Social Workers and Child and Youth Care Workers**

2. (1) Nominations are invited for the election of six (6) social workers and three (3) child and youth care workers.
  - Each social worker and child and youth care worker who is a South African citizen resident in the Republic shall be eligible for nomination.
  - Each social worker resident in the Republic who is a South African citizen may sign not more than six (6) nominations.
  - Each child and youth care worker resident in the Republic who is a South African citizen may sign not more than three (3) nominations.

3. (1) Each candidate shall be nominated separately in the following form:



## NOMINATION FORM – SOCIAL WORKERS

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 South African for Social Service Professions in the category:  
**Social worker.**

**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:



***DECLARATION BY PERSON WHO NOMINATES - SOCIAL WORKERS***

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

.....

declare that I am a South African citizen in the Republic (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: .....

(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 and / or fax number 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:*

*SACSSP nomination)*

**Bank Account details:**

*Account name: SACSSP ABSA Bank:*

*Account number: 214 0222731*

*Branch Code: 632005*

*Branch Name: Hatfield*

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



## CONSENT TO NOMINATION - SOCIAL WORKERS

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)

.....

.....

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

**Social Worker.**

.....

Signature of nominee

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

.....

*COMMISSIONER OF OATHS*



## NOMINATION FORM – CHILD AND YOUTH CARE WORKERS

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 South African for Social Service Professions in the category:  
**Child and Youth Care Worker.**

**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:



***DECLARATION BY PERSON WHO NOMINATES - CHILD AND YOUTH CARE  
WORKERS***

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

.....

declare that I am a South African citizen in the Republic (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: .....

(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 and / or fax number 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:*

*SACSSP nomination*)

**Bank Account details:**

*Account name: SACSSP ABSA Bank:*

*Account number: 214 0222731*

*Branch Code: 632005*

*Branch Name: Hatfield*

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



## CONSENT TO NOMINATION - CHILD AND YOUTH CARE WORKERS

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)

.....

.....

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

**Child and Youth Care Worker.**

.....

Signature of nominee

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

.....

*COMMISSIONER OF OATHS*

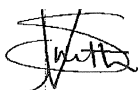


Office held: .....

- (4) Each nomination shall be lodged with the returning officer by post, fax or by hand not later than **16:00 ON FRIDAY, 02 OCTOBER 2015.**

Forms are available from the returning officer at the Councils office and on its website.

4. A nomination (for both social workers and child and youth care workers) 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.

A handwritten signature in black ink, appearing to be 'J. Botha'.

.....

#### 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:	086 607 8563
E-mail:	<a href="mailto:elections@sacssp.co.za">elections@sacssp.co.za</a> / <a href="mailto:cycelections2@sacssp.co.za">cycelections2@sacssp.co.za</a> / <a href="mailto:registrar@sacssp.co.za">registrar@sacssp.co.za</a>
Website:	<a href="http://www.sacssp.co.za">www.sacssp.co.za</a>
Date:	03 July 2015