

BOARD NOTICES • RAADS KENNISGEWINGS

DEPARTMENT OF SOCIAL DEVELOPMENT

BOARD NOTICE 3 OF 2021



South African Council for Social Service Professions

Social Service Professions Act 110 of 1978

**NOTICE OF REQUEST FOR NOMINATIONS OF CANDIDATES FOR THE ELECTION OF
MEMBERS OF THE 5TH SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS, 5TH
PROFESSIONAL BOARD FOR SOCIAL WORK AND 4TH PROFESSIONAL BOARD FOR CHILD
AND YOUTH CARE WORK**

1. Notice is herewith given that an election will be held for persons to serve on the 5th South African Council for Social Service Professions, 5th Professional Board for Social Work and 4th Professional Board for Child and Youth Care Work as contemplated in the Social Service Professions Act 110 of 1978 and the regulations thereto.
2. Nominations for persons who comply with the requirements in terms of the Act and Regulations shall be submitted by **16h00 on 23 March 2021** in the prescribed manner as set out in:
 - 2.1 **Part A-1** of this Board Notice for candidates to be elected by social workers to serve on the Council in terms of section 5(1)(a)
 - 2.2 **Part A-2** of this Board Notice for candidates to be elected by *child and youth care workers* to serve on the Council in terms of section 5(1)(b).
 - 2.3 **Part B** of this Board Notice for candidates to be elected to serve on the Professional Board for Social Work.
 - 2.3 **Part C** of this Board Notice for candidates to be elected to serve on the Professional Board for Social Work.

**Langi Malamba(Ms)**

Returning officer/ Registrar

South African Council of Social Services Professions

37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Office: +27 12 356 8300 Email: elections@sacssp.co.za

29 January 2021

8. A nomination may be submitted in any **ONE** of the following manners:
- (a) By post: SACSSP, Private Bag X12, Gezina, 0031
 - (b) By hand: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa
 - (c) By email: elections@sacssp.co.za



Langi Malamba(Ms)

Returning officer

South African Council of Social Services Professions

37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Office: +27 12 356 8300 Email: elections@sacssp.co.za

29 January 2021

ANNEXURE A-1: NOMINATION FORM: SOCIAL WORKERS**South African Council for Social Service Professions****Request for the nomination of SOCIAL WORKERS
to serve on the South African Council for Social Service Professions in terms of section 5(1)(a)
of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 6(1)(a) of the regulations relating to the election of members of the Council, nominations are hereby requested for candidates to be elected by social workers to serve on the Council in terms of section 5(1)(a) of the Social Service Professions Act 110 of 1978.
2. Nominations are invited for the election of six (6) social workers.
 - 2.1 Each social worker who is a South African citizen resident in the Republic shall be eligible for nomination.
 - 2.2 Each social worker resident in the Republic who is a South African citizen may sign not more than six (6).
3. Each candidate shall be nominated separately in the following form:

NOMINATION FORM

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the South African Council for Social Service Professions in the following category of **social workers** as contemplated in section 5(1)(a) of the Social Service Professions Act 110 of 1978.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration on the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R50,00;
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION

6. I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

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)

.....

.....I agree
to accept nomination in the following category in terms of section 5(1)(a) of the Act: **social worker**.

.....
Signature of nominee

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

7. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.
8. Forms are also available from the returning officer

9. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021
Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

PART A-2
South African Council for Social Service Professions

**Request for the nomination of
CHILD AND YOUTH CARE WORKERS**

to serve on the 5th South African Council for Social Service Professions in terms of section 5(1)(b) of the Social Service Professions Act 110 of 1978

1. Notice is herewith given in terms of regulation 5 of the *Regulations relating to the election of members of the South African Council for Social Service Professions*, that an election will be held for the election of three (3) child and youth care workers, nominated and elected by child and youth care workers, to serve on the 5th South African Council for Social Service Professions as contemplated in section 5(1)(b) of the Social Service Professions Act 110 of 1978.
2. Nominations of persons who comply with the requirements of regulation 7 of the above-mentioned Regulations are invited to be submitted in the prescribed nomination form by **16h00 on 23 March 2021**.
3. Subject to regulation 7(1) of the Regulations, no person shall be accepted as a candidate for election unless he or she is –
 - (a) is a South African citizen resident in the Republic of South Africa;
 - (b) is a child and youth care worker registered with the SACSSP;
 - (c) is nominated in terms of section 5(1)(b) of the Act by a child and youth care worker;
 - (d) nominated as prescribed in writing in the form of *Annexure A-2* to this Board Notice stating his or her full first names, surname, identity number, registration number with the SACSSP and physical address;
 - (e) he or she accepts the nomination in writing on the prescribed nomination form (*Annexure A-2*) before the expiry of the nomination date and time specified in this Board Notice and on the nomination form.
 - (f) deposits with the returning officer an amount of R50.00 before the expiry of the nomination date and time. The deposit needs to be paid into the SACSSP bank account:

Bank: NEDBANK	Account number: 1190739410
Branch Name: MENLYN MAINE	Branch Code: 198765
Use reference: Registration number with the SACSSP + (CYC)	
4. Subject to regulation 8 of the Regulations each child and youth care worker resident in the Republic of South Africa who is a South African citizen may sign not more than three (3) nominations.
5. The nomination form must state the full first names, surname, registration number with the SACSSP and physical address of the nominator and must be signed by him or her.
6. 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.

7. Each nomination must reach the *returning officer* at the address below before or on **16h00 on 23 March 2021**. Nominations forms are also available at this address or on the website of the South African Council for Social Service Professions.
8. A nomination may be submitted in any **ONE** of the following manners:
 - (a) By post: SACSSP, Private Bag X12, Gezina, 0031
 - (b) By hand: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa
 - (c) By email: elections@sacssp.co.za



Langi Malamba(Ms)

Returning officer/ Registrar

South African Council of Social Services Professions

37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Office: +27 12 356 8300 Email: elections@sacssp.co.za

29 January 2021

ANNEXURE A-2: NOMINATION FORM: CHILD AND YOUTH CARE WORKERS**South African Council for Social Service Professions**

**Request for the nomination of CHILD AND YOUTH CARE WORKERS
to serve on the South African Council for Social Service Professions in terms of section 5(1)(b)
of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 6(1)(a) of the regulations relating to the election of members of the Council, nominations are hereby requested for candidates to be elected by *child and youth care workers* to serve on the Council in terms of section 5(1)(b) of the Social Service Professions Act 110 of 1978 .
2. Nominations are invited for the election of three (3) *child and youth care workers*.
- 2.1 Each *child and youth care worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
- 2.2 Each *child and youth care worker* resident in the Republic who is a South African citizen may sign not more than three (3)
3. Each candidate shall be nominated separately in the following form:

NOMINATION FORM

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the South African Council for Social Service Professions in the following category of **child and youth care workers** as contemplated in section 5(1)(b) of the Social Service Professions Act 110 of 1978.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:

of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration on the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and **registration number** as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R50,00;
 - (d) his or her consent to the nomination on the following form:

CONSENT TO NOMINATION

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

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)

.....

.....I agree
to accept nomination in the following category in terms of section 5(1)(a) of the Act: **child and youth care
worker.**

.....
Signature of nominee

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.
7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021
Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

PART B
PROFESSIONAL BOARD FOR SOCIAL WORK

Request for the nomination of persons to be elected to serve on the 5th Professional Board for Social Work

1. Notice is herewith given 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), that an election will be held for members to serve on the 5th Professional Board for Social Work, and that nominations in the following categories are hereby requested for candidates to be elected in accordance with the regulation 3 of *Regulations regarding the establishment and constitution of a Professional board for social work*:
 - (a) four (4) social workers nominated by social workers (*regulation 3(a)*);
 - (b) one (1) social worker nominated by the social work education and training institutions (*regulation 3(c)*);
 - (c) one (1) social worker engaged in full-time or part-time private practice nominated by social workers (*regulation 3(f)*); and
 - (d) one (1) social auxiliary worker nominated by social auxiliary workers (*regulation 3(h)*)
2. Nominations of persons who comply with the requirements of regulation 2 of the above-mentioned Regulations are invited to be submitted in the prescribed nomination form (*Annexure B*) by **16h00 on 23 March 2021**.
3. Subject to Regulations, no person shall be accepted as a candidate for election unless he or she is –
 - (a) a South African citizen resident in the Republic of South Africa;
 - (b) registered with the SACSSP;
 - (c) is nominated in terms of by a person as indicated in paragraph 1 above registered with the SACSSP;
 - (d) nominated as prescribed in writing in the form of *Annexure B* to this Board Notice stating his or her full first names, surname, identity number, registration number with the SACSSP and physical address;
 - (e) he or she accepts the nomination in writing on the prescribed nomination form (*Annexure B*) before the expiry of the nomination date and time specified in this Board Notice and on the nomination form.
 - (f) deposits with the returning officer an amount of R100.00 before the expiry of the nomination date and time. The deposit needs to be paid into the SACSSP bank account:

Bank: NEDBANK	Account number: 1190739410
Branch Name: MENLYN MAINE	Branch Code: 198765
Use reference: Registration number with the SACSSP + (PSW)	
4. Any person registered with the SACSSP and falling within the ambit of the Professional Board for Social Work and who is resident in the Republic of South Africa who is a South African citizen may sign not more than four (4) nominations for nominations in terms of regulation 3(a); one (1) nomination for nominations in terms of regulation 3(c); one (1) nomination for

nominations in terms of regulation 3(f); and one (1) nomination for nominations in terms of regulation 3(h).

5. The nomination form must state the full first names, surname, registration number with the SACSSP and physical address of the nominator and must be signed by him or her.
6. 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.
7. Each nomination must reach the *returning officer* at the address below before or on **16h00 on 23 March 2021**. Nominations forms are also available at this address or on the website of the South African Council for Social Service Professions.
8. A nomination may be submitted in any **ONE** of the following manners:
 - (a) By post: SACSSP, Private Bag X12, Gezina, 0031
 - (b) By hand: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa
 - (c) By email: elections@sacssp.co.za



Langi Malamba(Ms)

Returning officer/ Registrar

South African Council of Social Services Professions

37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Office: +27 12 356 8300 Email: elections@sacssp.co.za

29 January 2021

Annexure B:
NOMINATION FORM: PROFESSIONAL BOARD FOR SOCIAL WORK

**Request for the nomination of
FOUR (4) SOCIAL WORKERS**

**to serve on the 5th Professional Board for Social Work in terms of regulation 3(a) of the of
Regulations regarding the establishment and constitution of a Professional Board for Social
Work made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *social workers* to serve on the 5th Professional Board for Social Work.
2. Nominations are invited for the election of four (4) social workers nominated by social workers.
- 2.1 Each *social worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately in the following form:

NOMINATION FORM: SOCIAL WORKER (1)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **four (4) social workers nominated by social workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: SOCIAL WORKER (2)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **four (4) social workers nominated by social workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional board for social work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: SOCIAL WORKER (3)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **four (4) social workers nominated by social workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional board for social work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: SOCIAL WORKER (4)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **four (4) social workers nominated by social workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional board for social work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration on the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION**(must be completed and signed by each social worker nominated)**

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

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)

.....

.....

I agree to accept nomination in category of **four (4) social workers nominated by social workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.

7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021

Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

**Request for the nomination of
ONE (1) SOCIAL WORKER NOMINATED BY THE SOCIAL WORK EDUCATION AND
TRAINING INSTITUTIONS**

**to serve on the 5th Professional Board for Social Work in terms of regulation 3(c) of the of
Regulations regarding the establishment and constitution of a Professional Board for Social
Work made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *social workers* to serve on the 5th Professional Board for Social Work.
2. Nominations are invited for the election one (1) social worker nominated by the social work education and training institutions.
- 2.1 Each *social worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately in the following form:

**NOMINATION FORM: ONE (1) SOCIAL WORKER NOMINATED BY THE SOCIAL WORK EDUCATION AND
TRAINING INSTITUTIONS**

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **one (1) social worker nominated by the social work education and training institutions** as contemplated in regulation 3(c) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

Name of education and training institution:

4. Each person who signs a nomination form shall lodge a declaration on the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number: ,

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

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination on the following form:

CONSENT TO NOMINATION**(must be completed and signed by each social worker nominated)**

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

declare that –

(a) I consent to nomination;

(b) I am a South African citizen;

(c) I am a social worker employed at the following education and training institution:

.....

(d) I am permanently resident in the Republic at (state full residential address)

.....

.....

I agree to accept nomination in category of **one (1) social worker nominated by the social work education and training institutions** as contemplated in regulation 3(c) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.

7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021

Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

**Request for the nomination of
ONE (1) SOCIAL WORKER ENGAGED IN FULL-TIME OR PART-TIME PRIVATE
PRACTICE NOMINATED BY SOCIAL WORKERS**

**to serve on the 5th Professional Board for Social Work in terms of regulation 3(f) of the of
Regulations regarding the establishment and constitution of a Professional Board for Social
Work made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *social workers* to serve on the 5th Professional Board for Social Work.
2. Nominations are invited for the election one (1) social worker engaged in full-time or part-time private practice nominated by social workers.
- 2.1 Each *social worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately in the following form:

**NOMINATION FORM: ONE (1) SOCIAL WORKER ENGAGED IN FULL-TIME OR PART-TIME PRIVATE
PRACTICE NOMINATED BY SOCIAL WORKERS**

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **one (1) social worker engaged in full-time or part-time private practice nominated by social workers** as contemplated in regulation 3(f) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration on the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....
.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION**(must be completed and signed by each social worker nominated)**I (print full first names, surname and **registration number** as they appear in the register)

First names:

Surname:

SACSSP Registration number:

declare that –

- (a) I consent to nomination;
- (b) I am a South African citizen;
- (c) I am a social worker in private practice;
- (d) I am permanently resident in the Republic at (state full residential address)

.....I agree
to accept nomination in category of **one (1) social worker engaged in full-time or part-time private practice nominated by social workers** as contemplated in regulation 3(f) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.
7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021
Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

**Request for the nomination of
ONE (1) SOCIAL AUXILIARY WORKER NOMINATED BY SOCIAL AUXILIARY WORKERS
to serve on the 5th Professional Board for Social Work in terms of regulation 3(h) of the of
Regulations regarding the establishment and constitution of a Professional Board for Social
Work made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *social auxiliary workers* to serve on the 5th Professional Board for Social Work.
2. Nominations are invited for the election of one (1) social auxiliary worker nominated by social auxiliary workers.
- 2.1 Each *social auxiliary worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately in the following form:

NOMINATION FORM: ONE (1) SOCIAL AUXILIARY WORKER NOMINATED BY SOCIAL AUXILIARY WORKERS

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 5th Professional Board for Social Work in the category of **one (1) social auxiliary worker nominated by social auxiliary workers** as contemplated in regulation 3(h) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration in the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION**(must be completed and signed by each social auxiliary worker nominated)**

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

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)

.....

I agree to accept nomination in category of **one (1) social auxiliary worker nominated by social auxiliary workers** as contemplated in regulation 3(f) of *Regulations regarding the establishment and constitution of a Professional Board for Social Work*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.
7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021
Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

PART C**Professional Board for Child and Youth Care Work****Request for the nomination of persons to be elected to serve on the 4th Professional Board for Child and Youth Care Work**

1. Notice is herewith given 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), that an election will be held for members to serve on the 4th Professional Board for Child and Youth Care Work, and that nominations in the following categories are hereby requested for candidates to be elected in accordance with the regulation 3 of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*:
 - (a) five (5) child and youth care workers nominated by child and youth care workers (*regulation 3(a)*); and
 - (b) one (1) child and youth care worker or a person involved in the education and training of child and youth care workers nominated by the child and youth care education and training institutions (*regulation 3(c)*)
2. Nominations of persons who comply with the requirements of regulation 2 of the above-mentioned Regulations are invited to be submitted on the prescribed nomination form (*Annexure B*) by **16h00 on 23 March 2021**.
3. Subject to Regulations, no person shall be accepted as a candidate for election unless he or she is –
 - (g) a South African citizen resident in the Republic of South Africa;
 - (h) registered with the SACSSP;
 - (i) is nominated by a person as indicated in paragraph 1 above, registered with the SACSSP;
 - (j) nominated as prescribed in writing, on the form *Annexure C* to this Board Notice stating his or her full first names, surname, identity number, registration number with the SACSSP and physical address;
 - (k) he or she accepts the nomination in writing on the prescribed nomination form (*Annexure C*) before the expiry of the nomination date and time specified in this Board Notice and on the nomination form.
 - (l) deposits with the returning officer an amount of R100.00 before the expiry of the nomination date and time. The deposit needs to be paid into the SACSSP bank account:

Bank: NEDBANK	Account number: 1190739410
Branch Name: MENLYN MAINE	Branch Code: 198765
Use reference: Registration number with the SACSSP + (PBSW)	
4. Any person registered with the SACSSP and falling within the ambit of the Professional Board for Child and Youth Care Work and who is resident in the Republic of South Africa who is a South African citizen may sign not more than five (5) nominations for nominations in terms of regulation 3(a) and one (1) nomination for nominations in terms of regulation 3(c).
5. The nomination form must state the full first names, surname, registration number with the SACSSP and physical address of the nominator and must be signed by him or her.

6. 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.
7. Each nomination must reach the *returning officer* at the address below before or on **16h00 on 23 March 2021**. Nominations forms are also available at this address or on the website of the South African Council for Social Service Professions.
8. A nomination may be submitted in any **ONE** of the following manners:
 - (d) By post: SACSSP, Private Bag X12, Gezina, 0031
 - (e) By hand: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa
 - (f) By email: elections@sacssp.co.za



Langi Malamba(Ms)

Returning officer/ Registrar

South African Council of Social Services Professions

37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Office: +27 12 356 8300 Email: elections@sacssp.co.za

29 January 2021

Annexure C:
NOMINATION FORM: PROFESSIONAL BOARD FOR CHILD AND YOUTH CARE WORK

**Request for the nomination of
FIVE (5) CHILD AND YOUTH CARE WORKERS**
**to serve on the 4th Professional Board for Child and Youth Care Work in terms of regulation 3(a)
of the of Regulations regarding the establishment and constitution of a Professional Board for
Child and Youth Care made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *child and youth care worker* to serve on the 4th Professional Board for Child and Youth Care Work.
2. Nominations are invited for the election of five (5) child and youth care workers nominated by child and youth care workers.
- 2.1 Each *child and youth care worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately on the following form:

NOMINATION FORM: CHILD AND YOUTH CARE WORKER (1)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **five (5) child and youth care workers nominated by child and youth care workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: CHILD AND YOUTH CARE WORKER (2)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **five (5) child and youth care workers nominated by child and youth care workers** as contemplated in regulation 3(a) of Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: CHILD AND YOUTH CARE WORKER (3)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **five (5) child and youth care workers nominated by child and youth care workers** as contemplated in regulation 3(a) of Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: CHILD AND YOUTH CARE WORKER (4)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **five (5) child and youth care workers nominated by child and youth care workers** as contemplated in regulation 3(a) of Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

NOMINATION FORM: CHILD AND YOUTH CARE WORKER (5)

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **five (5) child and youth care workers nominated by child and youth care workers** as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

4. Each person who signs a nomination form shall lodge a declaration in the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination on the following form:

CONSENT TO NOMINATION**(must be completed and signed by each child and youth care worker nominated)**

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

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)

.....

.....

I agree to accept nomination in category of **five (5) child and youth care workers** nominated by child and youth care workers as contemplated in regulation 3(a) of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.
7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021
Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

Website: www.sacssp.co.za

Telephone: +27 12 356 8300

**Request for the nomination of
ONE (1) CHILD AND YOUTH CARE WORKER OR A PERSON INVOLVED IN THE
EDUCATION AND TRAINING OF CHILD AND YOUTH CARE WORKERS NOMINATED BY
THE CHILD AND YOUTH CARE EDUCATION AND TRAINING INSTITUTIONS
to serve on the 4th Professional Board for Child and Youth Care Work in terms of regulation 3(c)
of the of *Regulations regarding the establishment and constitution of a Professional Board for
Social Work* made in terms of the Social Service Professions Act 110 of 1978**

1. In terms of the provisions of regulations 9(1)(a), 9(2) and 10(a) of the *Regulations regarding the election and appointment of members of a professional board*, nominations are hereby requested for the following candidates to be elected by *child and youth care workers* to serve on the 4th Professional Board for Child and Youth Care Work.
2. Nominations are invited for the election of one (1) child and youth care worker or a person involved in the education and training of child and youth care workers nominated by the child and youth care education and training institutions.
- 2.1 Each *child and youth care worker* who is a South African citizen resident in the Republic shall be eligible for nomination.
3. Each candidate shall be nominated separately on the following form:

**NOMINATION FORM: ONE (1) CHILD AND YOUTH CARE WORKER OR A PERSON INVOLVED IN THE
EDUCATION AND TRAINING OF CHILD AND YOUTH CARE WORKERS NOMINATED BY THE CHILD AND
YOUTH CARE EDUCATION AND TRAINING INSTITUTIONS**

I nominate (print the full first names, surname and registration number of the candidate as they appear in the Register):

First names:

Surname:

SACSSP Registration number:

for election as a member of the 4th Professional Board for Child and Youth Care Work in the category of **one (1) child and youth care worker or a person involved in the education and training of child and youth care workers nominated by the child and youth care education and training institutions** as contemplated in regulation 3(c) of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*.

.....
Signature of person nominating

Full first names and surname:

SACSSP registration number:
of the person who nominates as they appear in the register.

Name of education and training institution:

4. Each person who signs a nomination form shall lodge a declaration in the following form with the nominations:

DECLARATION BY PERSON WHO NOMINATES

I, (print the full names, surname and registration number as they appear in the register)

Full first names and surname:

with SACSSP registration number:,

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

.....

.....

.....
Signature of person nominating

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

5. 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) a clear passport size photograph on which the candidate's name and SACSSP registration number are indicated on the back;
 - (c) a deposit of R100,00;
 - (d) his or her consent to the nomination in the following form:

CONSENT TO NOMINATION**(must be completed and signed by each child and youth care worker nominated)**

I (print full first names, surname and registration number as they appear in the register)

First names:

Surname:

SACSSP Registration number:

declare that –

(a) I consent to nomination;

(b) I am a South African citizen;

(c) I am a child and youth care worker involved in the education and training of child and youth care workers at the following education and training institution:

.....

(d) I am permanently resident in the Republic at (state full residential address)

.....

.....

I agree to accept nomination in category of **one (1) child and youth care worker or a person involved in the education and training of child and youth care workers nominated by the child and youth care education and training institutions** as contemplated in regulation 3(c) of *Regulations regarding the establishment and constitution of a Professional Board for Child and Youth Care*.

.....
Signature of nominee.....
Date**Co-signed by two witnesses**.....
Signature witness (1)

Full names and surname:

ID number:

.....
Signature witness (2)

Full names and surname:

ID number:

NOTE: If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission or email that he or she consents to his or her nomination and co-signed by two witnesses.

6. Each completed nomination form must reach the returning officer by post, by hand or by email not later than **16h00 on 23 March 2021**. A nomination 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.

7. Forms are also available from the returning officer

8. RETURNING OFFICER



Langi Malamba(Ms)
Returning officer

29 January 2021

Date

Postal address: SACSSP, Private Bag X12, Gezina, 0031

Street address: SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria 0001, South Africa

Email: elections@sacssp.co.za

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