

BOARD NOTICE 398 OF 2023



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

1. Notice is herewith given in terms of regulation 5 of the *Regulations relating to election of members of the SA Council for Social Service Professions; quorum for and procedure at the meetings of the Council and the Executive Committee; accounting records; financial statements; appeal against refusal, penalty or removal from the Register* ("the Regulations"), that an election will be held for the election of one (1) child and youth care worker, nominated and elected by child and youth care workers, to serve on the 5th South African Council for Social Service Professions (SACSSP) as contemplated in section 5(1)(b) of the Social Service Professions Act 110 of 1978 ("the Act").
2. The election is required in terms of section 6(2) of the Act following the resignation of the elected Member elected in terms of section 6(1)(f)(i).
3. 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 01 March 2023** in the prescribed manner.
4. 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 FORM 2B to Regulations stating his or her full first names, surname, identity number, registration number with the SACSSP and physical address(included as *Annexure A* to this Board Notice);

- (e) he or she accepts the nomination in writing on the prescribed nomination form (FORM 2B) 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 + (CYC)

- 5. 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.
- 6. 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.
- 7. 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.
- 8. Each nomination must reach the *returning officer* at the address below before or on **16h00 on 01 March 2023**. Nominations forms are also available at this address or on the website of the SACSSP.
- 9. 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 for Social Services Professions

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

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

ANNEXURE A



South African Council for Social Service Professions
Social Service Professions Act 110 of 1978

FORM 1B

NOMINATION FOR ELECTION OF PERSONS AS MEMBERS OF THE SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS IN TERMS OF SECTION 5(1)(b) OF THE SOCIAL SERVICE PROFESSIONS ACT, ACT 110 OF 1978

INSTRUCTION NOTE:

- (a) This is for completion by a *child and youth care worker*.
- (b) Each candidate shall be nominated separately in one form.
- (c) Each child and youth care worker may not sign more than three(3) nomination forms.

PART 1: NOMINATION OF CANDIDATE

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

First names:

Surname:

SACSSP Registration number:

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

PART 2: DECLARATION BY PERSON WHO NOMINATES

I (*print the full first names, surname and registration number as it appears on 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)

.....
Date

Full first names and surname:

ID number:

.....
Signature witness (2)

.....
Date

Full first names and surname:

ID number:

PART 3: CONSENT TO NOMINATION

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, surname and SACSSP registration number are indicated on the back;
- (c) a deposit to the amount as indicated in regulation 7(1)(e);
- (d) his or her consent to the nomination in the following form:

I, (print the full first names, surname and registration number as they appear on the Register):

First names:

Surname:

SACSSP registration number:

declare that –

- (a) I represent the category for which I am nominated;
- (b) I am a South African citizen; and
- (c) I am permanently resident in the Republic at (state full residential address):

.....
.....

I agree to accept this nomination for the election as a member of the South African Council for Social Service Professions

.....
Signature of nominee

.....
Date

Co-signed by two witnesses

.....
Signature witness (1)

.....
Date

Full first names and surname:

ID number:

.....
Signature witness (2)

.....
Date

Full first 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.