



SOUTH AFRICAN NURSING COUNCIL

NOMINATION AND APPOINTMENT OF MEMBERS OF THE COUNCIL

NOMINATION FORM

(1) We/I nominate (print the full names of the nominee as they appear in the register)

Registration Number: _____

To be considered for appointment as a member of the South African Nursing Council
in the following category:

Professional Nurse

Midwife

Staff Nurse

Auxiliary Nurse

(Select ONE by placing a tick in the appropriate box)

(a) Signature (person nominating) _____

Print full first names and surname as they appear in the register (person nominating)

Registration Number: _____

(b) Signature (person seconding the nomination) _____

Print full first names and surname as they appear in the register (person seconding)

Registration Number: _____

(2) **DECLARATION BY PERSON WHO NOMINATES**

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

declare that: –

- (a) My Registration Number is: _____;
- (b) I am a South African citizen resident in the Republic at (state residential address) _____
_____;
- (c) My telephone number is: _____;
- (d) My cellphone number is: _____; and
- (e) My fax number is: _____.

Signature: _____

Date: _____

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: _____

Position /Rank: _____

Signature: _____

Date: _____

(3) **DECLARATION BY PERSON WHO SECONDS**

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

declare that: –

(a) My Registration Number is: _____; and

(b) I am a South African citizen resident in the Republic at (state residential address) . _____
_____;

(c) My telephone number is: _____ ;

(d) My cellphone number is: _____ ; and

(e) My fax number is: _____ .

Signature: _____

Date: _____

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: _____

Position /Rank: _____

Signature: _____

Date: _____

(4) **DECLARATION OF CONSENT TO NOMINATION**

I (print full names and surname as they appear in the register) _____

declare that: –

- (a) My Registration Number is: _____;
- (b) I consent to nomination;
- (c) I am a South African citizen;
- (d) I am permanently resident in the Republic at (state full residential address)

_____ ;

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

- Professional nurse;
- Midwife;
- Staff nurse; or
- Auxiliary nurse;

(Select ONE by placing a tick in the appropriate box)

- (f) I am aware of the provision of the Nursing Act, 2005 (Act No. 33 of 2005), with particular regard to section 6 thereof;
- (g) I undertake to abide by the Code of Conduct for members of the Nursing Council ;
- (h) My telephone number is: _____ ;
- (i) My cellphone number is: _____ ; and
- (j) My fax number is: _____ .

Signature: _____

Date: _____

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: _____

Position /Rank: _____

Signature: _____

Date: _____