DEPARTMENT OF HEALTH

No. R. 20 16 January 2008

NURSING ACT, 2005 (ACT NO. 33 OF 2005)

REGULATIONS RELATING TO THE NOMINATION AND APPOINTMENT OF MEMBERS OF THE COUNCIL

The Minister of Health has, in terms of section 58(1)(a) of the Nursing Act, 2005 (Act No 33 of 2005) and after consultation with the Council, made the regulations set out in the Schedule.

SCHEDULE

Definitions

1. In these regulations “the Act” means the Nursing Act, 2005 (Act No. 33 of 2005), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates: –

   “registration number” means the unique reference number assigned by the Council to individual nurses generally referred to as the reference number on all Council correspondence and documents; and

   “Returning Officer” means the Registrar or any person specifically appointed by the Registrar to assist with fulfilling this role.

Nomination of Members of Council

2. (1) The members of the Council contemplated in section 5(1)(a) and section 5(1)(b)(viii) and (ix) of the Act must be appointed by the Minister on the basis of nominations made by interested parties or persons.

(2) The Minister must, by notice in the Gazette and an advertisement placed in at least two newspapers with national circulation, and by any other means regarded necessary by him or her, invite nominations contemplated in sub-regulation (1) for persons to be considered for appointment to the Council.
(3) The notice and advertisement contemplated in sub-regulation (2) must be published at least six months prior to the expiry of the term of office of the current Council and appointment of new members of the Council and must state the requirements referred to in regulation 5 and the closing date and time for nominations to reach the office of the Returning Officer.

3.(1) The Minister must request nomination of one person each from:–

(a) the Director-General: Health for a person to be appointed in terms of section 5(1)(b)(i) of the Act;

(b) the Law Society for a person to be appointed in terms of section 5(1)(b)(ii) of the Act;

(c) the Financial Services Board for a person to be appointed in terms of section 5(1)(b)(iii) of the Act;

(d) the South African Pharmacy Council for a person to be appointed in terms of section 5(1)(b)(iv) of the Act;

(e) the Council on Higher Education for a person to be appointed in terms of section 5(1)(b)(v) of the Act;

(f) the Consumer Council for a person to be appointed in terms of section 5(1)(b)(vi) of the Act; and

(g) the Member of the Executive Council responsible for health in each province.

(2) The Minister must appoint three persons in terms of section 5(1)(b)(vii) of the Act, from those nominated in terms of sub-regulation (1)(g).

Nomination requirements

4. A nomination made in terms of section 5(1)(a) and section 5(1)(b)(viii) and (ix) of the Act must reach the office of the Returning Officer before or on the closing date and time appearing in the notice or advertisement referred to in regulation 2(2).

5. A nomination contemplated in regulation 4 must be in the format contemplated by Annexure A, and must include at least–
(a) the name and Council registration number of the nominee and the category in which nominated;

(b) a detailed curriculum vitae of the nominee not exceeding two typed pages in length outlining such nominee’s expertise

(c) a written motivation by the nominee not exceeding two typed pages in length outlining and detailing his or her vision for the nursing profession, the contribution the nominee may have made to the nursing profession and future contribution he or she intends making towards the development of the nursing profession;

(d) the names and contact details of the person or interested party making the nomination and of the person or interested party seconding the nomination, and a detailed motivation supporting the nomination of such nominee, including the nominee’s actual or potential leadership qualities, the expertise in a particular field of nursing and the nominee’s ability to assume the responsibilities and functions entrusted by the Act;

(e) proof of registration with the Council;

(f) a certificate of good standing with the Council;

(g) a declaration, under oath, to execute the functions of the Council and to ensure adherence to the Act and any other applicable prescript if appointed; and

(h) a certified copy of the nominee’s national identity document or passport.

6. Any nomination form that is incomplete and does not conform to the requirements outlined in regulations 5 is invalid and will not be considered for purposes of appointment as a member.

Returning Officer

7.(1) The Registrar is the returning officer for nominations in terms of section 5(1)(a) and (b)(viii) and (ix) of the Act.

(2) The returning officer may appoint such other officers as he or she may deem necessary for the achievement of the objects of these regulations.
(3) The returning officer must verify that each nomination complies with the provisions of regulations 5 before accepting any nomination.

(4) The returning officer must submit all valid nominations to the Minister of Health within 21 working days of the closing date published in the Gazette and advertisement referred to in regulation 2(2).

Selection Process

8.(1) The Minister must appoint a panel comprising of at least three members to consider the nominations received.

(2) The panel must then select and recommend 22 candidates to be considered by the Minister for appointment of 16 members in terms of section 5(1)(a) and section 5(1)(b)(viii) and (ix) of the Act.

(3) In selecting the 22 candidates, the panel must take into consideration the following—

(a) Relevant expertise and experience in at least one field of nursing;

(b) Expertise in a range of health services;

(c) Expertise in policy formulation or in education and training of nurses;

(d) Ethical standing of the nominee;

(e) Geographic distribution in terms of provinces;

(f) Rural and urban areas;

(g) Knowledge and expertise in the regulation of nursing;

(h) Representivity in terms of race and gender; and

(i) Any other relevant factor.

(4) The selection panel may select candidates utilizing both a screening process and interviews of nominees.

(5) The panel must attach a report for each of the recommended 22 candidates submitted to the Minister for consideration of appointment to the Council.
(6) Notwithstanding, the Minister has the power to appoint any other suitable person to ensure that the objectives of sub-regulation (2) are achieved in case the nominations received by the returning officer fail to do so.

Appointment of Members of Council

9. The Minister must appoint the 25 members of the Council and publish the names of such appointed members and the date of commencement of their period of office in the Gazette as soon as possible.

10.(1) Persons appointed by the Minister as members of the Council must submit–

(a) a written acceptance of the appointment within seven days of receiving such appointment notification; and

(b) a signed declaration that he or she will uphold the provisions of the Act and other applicable prescript.

Records

11. Records of all nominations received shall be retained by the Returning Officer for a period of two years after appointment of the Council and thereafter all records shall be destroyed.

Repeal

13. The following regulations published in the Gazette are hereby repealed:

<table>
<thead>
<tr>
<th>Government Notice No.</th>
<th>Date of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. 1604</td>
<td>4 August 1978</td>
</tr>
<tr>
<td>R. 1924</td>
<td>15 October 1993</td>
</tr>
<tr>
<td>R. 1318</td>
<td>10 October 1997</td>
</tr>
</tbody>
</table>

(Signed)
MINISTER OF HEALTH
ANNEXURE A

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: ______________________

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

[ The above line is an editor’s comment and should be ignored ]
(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: _________________________________
DECLARATION BY PERSON WHO SECONDS

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

declar that: –

(a) My Registration Number is: _______________________________; and

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

(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: _______________________

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