(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: ________________________________
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: _________________________
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: _________________________