



Western Cape  
Government

BETTER TOGETHER

# IMPORTANT NOTICE

## INVITATION TO NOMINATE MEMBERS TO HEALTH FACILITY BOARDS

The term of office of many health facility boards at hospitals ("Boards") is expiring. New Board members will need to be nominated in terms of the Western Cape Health Facility Boards and Committees Act, 4 of 2016 and Regulations (PN 219/2017).

The Provincial Minister of Health therefore invites community bodies to nominate persons to serve on the Boards of the hospitals listed below.

**In accordance with section 5(1) of the Act, the Provincial Minister must appoint no less than eight but no more than fourteen members to a Board, including:**

- a) Persons representing a community or communities served by the health facility;
- b) At least one person with technical expertise in business, law, finance, accounting or some other area relevant to the functions of the Board;
- c) The head of the hospital;
- d) At least one person representing the clinical staff of the relevant hospital, nominated by the clinical staff of said hospital;
- e) At least one person representing the non-clinical staff of the relevant hospital, nominated by the non-clinical staff of said hospital; and
- f) In the case of a hospital where health professionals are trained, at least one person representing academic interests and nominated by the Vice-Chancellor of the relevant university.

**Please note that the following hospitals require a full complement of members:**

- Stellenbosch Hospital
- Worcester Hospital
- Ceres Hospital
- Robertson/Montagu Cluster (Robertson Hospital & Montagu Hospital)
- Paarl Hospital
- Brewelskloof Hospital

**For all nominees the following information is required:**

1. A nomination form indicating the name, address and signature of the person making the nomination;
2. The name of the hospital for which the nomination is made;
3. The full name and address of the nominee;
4. A signed copy of the nominee's curriculum vitae;
5. The motivation for considering the nominee as a suitable member of the Board;
6. A declaration by the nominee of his or her willingness to be a member of the Board.
7. In addition to the above, in terms of section 5(1)(a) of the Act, i.e. for community representatives, the following information must accompany the nominations:
  - The full name and address of the community body nominating the candidate and a copy of its constitution or other founding document;
  - An indication whether the nominee is a member of the nominating body and, if so, the length of the nominee's membership, and if the nominee is not a member, why the body nominates that person.

**Community bodies making nominations and nominees must please take note of the following:**

- The Provincial Minister of Health will appoint members of the Boards.
- The position of a Board member is a voluntary one with no remuneration attached to it.
- Board members may however be reimbursed by the Board for certain travelling and subsistence expenses incurred.

**Nomination forms may be obtained from and delivered to:**

**Mr Vincent D. Heynes**  
**Rural Health Services**  
**Diaz Office Park, Beach Boulevard West**  
**Unit 23&24, Diaz Beach, Mossel Bay**  
**Postal: Mossel Bay Hospital, Private Bag X34, Mossel Bay, 6500**  
**Tel: 044 695 0047**  
**E-Mail: Vincent.Heynes@westerncape.gov.za**

**The closing date for all nominations is 27 September 2019.**

**NOMINATION FORM FOR BOARD MEMBERS IN TERMS OF THE  
WESTERN CAPE HEALTH FACILITY BOARDS ACT, ACT 7 OF 2001.**

**NOMINATION FORM FOR PERSONS REPRESENTING COMMUNITY ORGANISATIONS IN TERMS OF  
SECTION 6(1)(a)**

**Community Organisations making a nomination must ensure that the following questionnaire is completed and submitted along with the required information.**

<b>1.</b>	Name of the Board for which the nomination is being made:			
<b>2.</b>	Contact details of person making the nomination [Community Organisation]:			
<b>2.1.</b>	Name:			
<b>2.2.</b>	Address:			
<b>2.3.</b>	Contact telephone number:			
<b>3.</b>	Name of the community organisation in terms of which the candidate is being nominated:			
<b>3.1.</b>	Physical or postal address of the community organisation:			
<b>3.2.</b>	Confirmation of submission of a copy of the organisation's constitution or founding document with the completed nomination form:			
<b>4.</b>	Name of nominee:			
<b>4.1.</b>	Address of nominee:			
<b>4.2.</b>	Contact telephone number of nominee:			
<b>4.3.</b>	Email address:			
<b>5.</b>	Is the nominee a member of the nominating community organisation?			
<b>5.1.</b>	If yes, for how long has the member been a member of the organisation?			
<b>5.2.</b>	What position does the nominee hold in the organisation?			
<b>5.3.</b>	If the nominee is NOT a member of the nominating organisation please motivate why the community organisation is nominating the candidate: Use a separate sheet:			
<b>5.4.</b>	Please provide a motivation for the nomination to the Board: Use a separate sheet:			
<b>5.5.</b>	Confirmation of submission of a signed copy of the nominee's curriculum vitae:			
<b>6.</b>	Name nominee [Please print]:			
<b>6.1.1.</b>	Signature of nominee:			
<b>6.1.2.</b>	Date:			
<b>7.</b>	Declaration by nominee:  The nominee hereby confirms his/her willingness to serve on the Board.	YES	NO	

*Please tick applicable box*

## CV OF NOMINEE

SURNAME: .....

NAMES: .....

ADRESS: .....

TELEPHONE NUMBER: .....

IDENTITY NUMBER: .....

DATE OF BIRTH: .....

AGE: .....

NATIONALITY: .....

LANGUAGE PREFERENCE.....

DEPENDANTS: .....

HEALTH: .....

CRIMINAL RECORD: .....

CHURCH: .....

HIGHEST EDUCATIONAL QUALIFICATION: .....

AREA OF EXPERTISE: .....

INTEREST AND HOBBIES: .....

REFERENCES: .....