

REPUBLIC  
OF  
SOUTH AFRICA



REPUBLIEK  
VAN  
SUID-AFRIKA

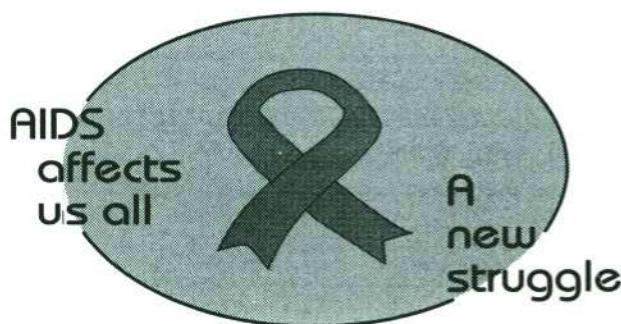
# Government Gazette Staatskoerant

Vol. 415

PRETORIA, 28 JANUARY JANUARIE 2000

No. 20832

**We all have the power to prevent AIDS**



AIDS  
HELPLINE

**0800 012 322**

DEPARTMENT OF HEALTH

**Prevention is the cure**

This Board Notice supersedes Board Notice 7 published in Government Gazette No. 20818 of 21 January 2000.

## BOARD NOTICE 9 OF 2000

### THE SOUTH AFRICAN NURSING COUNCIL

#### NOTICE OF A BY-ELECTION OF A MEMBER OF THE SOUTH AFRICAN NURSING COUNCIL [SECTION 5 OF THE NURSING ACT, 1978 (ACT NO. 50 OF 1978)]

##### By-Election

1. In terms of the provisions of the Regulations relating to the election of members of the Council, published under Government Notice No. R. 1318 of 10 October 1997, notice is hereby given that a by-election of a member to serve on the Council for the unexpired period of the term of office of the members ending on 23 April 2003, is to be held.

##### Nomination of enrolled nurses

2. Nominations are invited for the election of one (1) enrolled nurse.

Each enrolled nurse who is a South African citizen resident in the Republic shall be eligible for nomination.

Each enrolled nurse who is a South African citizen resident in the Republic may sign not more than one (1) nomination.

3. Each candidate shall be nominated separately in the following form and each nomination shall be signed by two (2) persons who are eligible to vote:

##### NOMINATION FORM

We nominate (print the full first names and surname of the candidate as they appear in the roll) \_\_\_\_\_

for election as a member of the South African Nursing Council in the category Enrolled nurse;

(a) Signature (Nominator No. 1) \_\_\_\_\_  
Print full first names and surname as they appear in the roll \_\_\_\_\_

(b) Signature (Nominator No. 2) \_\_\_\_\_  
Print full first names and surname as they appear in the roll \_\_\_\_\_

4 The above persons who sign a nomination form shall lodge a declaration as follows with the nomination:

**DECLARATION BY PERSONS WHO SIGN A NOMINATION FORM****NOMINATOR NO. 1**

I (print full first names and surname as they appear in the roll) \_\_\_\_\_, declare that I am a South African citizen resident in the Republic at (state full residential address) \_\_\_\_\_

Signature \_\_\_\_\_

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

Office held \_\_\_\_\_

**NOMINATOR NO. 2**

I (print full first names and surname as they appear in the roll) \_\_\_\_\_, declare that I am a South African citizen resident in the Republic at (state full residential address) \_\_\_\_\_

Signature \_\_\_\_\_

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

Office held \_\_\_\_\_

5. Simultaneously with the lodging of a nomination or not later than the time and date determined in paragraph 6, each candidate shall lodge with the returning officer -

- (a) a curriculum vitae of not more than 150 words, including, where possible, telephone and fax numbers where the candidate may be reached;
- (b) a black and white passport photograph on which the candidate's name and Council reference number are indicated on the back;
- (c) a certified copy of the page in the candidate's identity document or passport containing 'particulars of the person' as proof of South African citizenship;
- (d) a consent to nomination in the following form:

**CONSENT TO NOMINATION**

I (print full first names and surname as they appear in the roll) \_\_\_\_\_, declare that -

- (a) I consent to nomination;  
(b) I am a South African citizen;  
(c) I am permanently resident in the Republic at (state full residential address) \_\_\_\_\_ (d) I

agree to accept nomination in the category Enrolled nurse;

(e) I undertake to abide by the Code of Conduct for members of the Nursing Council which is obtainable from the Council at: P O Box 1123, Pretoria. 0001.

Signature \_\_\_\_\_

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 \_\_\_\_\_

Office held \_\_\_\_\_

6. Each nomination shall be lodged with the returning officer by post or by hand not later than 16:30 on 28 March 2000 at the address stated below.

Forms are obtainable from the returning officer, but voters and candidates may draft their own forms: Provided these comply with the stipulated requirements.

7. A nomination which does not comply with the above requirements, or which has not been lodged with the returning officer at the address stated below by the said time and date, shall be invalid.

F A Germishuizen  
Returning Officer

Postal Address: The Returning Officer, P O Box 2542, PRETORIA, 0001.

Delivery Address: The Returning Officer, 602 Pretorius Street, Arcadia, PRETORIA, 0083.

Date: 28 January 2000

Hierdie Raadskennisgewing vervang Raadskennisgewing 7 wat verskyn het in Staatskoerant No. 20818 van 21 Januarie 2000.

## RAADSKENNISGEWING 9 VAN 2000

### DIE SUID-AFRIKAANSE RAAD OP VERPLEGING KENNISGEWING VAN 'n TUSSENVERKIESING VAN 'n LID VAN DIE SUID-AFRIKAANSE RAAD OP VERPLEGING [ARTIKEL 5 VAN DIE WET OP VERPLEGING, 1978 (WET No. 50 van 1978)]

#### Tussenverkiesing

1. Ingevolge die bepalings van die Regulasies betreffende die verkiesing van lede van die Raad, gepubliseer by Goewermentskennisgewing No. R. 1318 van 10 Oktober 1997, word kennis gegee dat 'n tussenverkiesing van 'n lid om op die Raad vir die onverstreke tydperk van die ampstermyn van lede van die Raad eindigende op 23 April 2003 te dien, gehou moet word.

#### Nominasies vir ingeskreve verpleegkundiges

2. Nominasies vir die verkiesing van een (1) ingeskreve verpleegkundige word ingewag.

Elke ingeskreve verpleegkundige wat 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is, is nomineerbaar.

Elke ingeskreve verpleegkundige wat 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is, mag hoogstens een (1) nominasie onderteken.

3. Elke kandidaat moet afsonderlik in die volgende vorm genomineer word en elke nominasie moet deur twee (2) stemgeregteerde persone onderteken word:

#### NOMINASIEVORM

Ons nomineer (meld die volle voorname en van van die kandidaat in drukskrif soos dit in die rol verskyn), \_\_\_\_\_ vir verkiesing as 'n lid van die Suid-Afrikaanse Raad op Verpleging in die kategorie, **Ingeskreve verpleegkundige**;

(a) Handtekening (Nomineerder No. 1) \_\_\_\_\_  
Volle voorname en van soos dit in die rol verskyn (in drukskrif) \_\_\_\_\_

(b) Handtekening (Nomineerder No. 2) \_\_\_\_\_  
Volle voorname en van soos dit in die rol verskyn (in drukskrif) \_\_\_\_\_

4. Bogemelde persone wat 'n nominasie vorm onderteken, moet 'n verklaring soos volg saam met die nominasie indien:

**VERKLARING DEUR PERSOON WAT NOMINASIE VORM ONDERTEKEN****NOMINEERDER NO. 1**

Ek, (meld volle voornam e en van in drukskrif soos dit in die rol verskyn) \_\_\_\_\_, verklaar dat ek 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is te (meld volledige woonadres) \_\_\_\_\_

**Handtekening**

Ek sertificeer dat die verklaarder erken het dat hy/sy met die inhoud van die verklaring vertrou is en dit begryp.

Beëdig/bevestig en geteken voor my te \_\_\_\_\_ op \_\_\_\_\_

Kommissaris van Ede

Amp \_\_\_\_\_

**NOMINEERDER NO 2**

Ek, (meld volle voornam e en van in drukskrif soos dit in die rol verskyn) \_\_\_\_\_ verklaar dat ek 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is te (meld volledige woonadres) \_\_\_\_\_

**Handtekening**

Ek sertificeer dat die verklaarder erken het dat hy/sy met die inhoud van die verklaring vertrou is en dit begryp.

Beëdig/bevestig en geteken voor my te \_\_\_\_\_ op \_\_\_\_\_

Kommissaris van Ede

Amp \_\_\_\_\_

5. Gelykydig met die indiening van 'n nominasie of nie later nie as die tyd en datum in paragraaf 6 bepaal, moet elke kandidaat by die kiesbeampte indien -

- (a) 'n **curriculum vitae** van nie meer nie as 150 woorde, insluitende, waar moontlik, telefoon- en faxnommers waar die kandidaat bereik kan word;
- (b) 'n swart en wit paspoort foto waarop die kandidaat se naam en Raadsverwysingsnommer op die agterkant aangedui is;
- (c) 'n gesertificeerde afskrif van die bladsy in die kandidaat se identiteitsdokument of paspoort wat die 'besonderhede van die persoon' bevat, as bewys van Suid-Afrikaanse burgerskap;
- (d) 'n instemming tot nominasie in die volgende vorm:

**INSTEMMING TOT NOMINASIE**

Ek (meld volle voorname en van in drukskrif soos dit in die rol verskyn) \_\_\_\_\_, verklaar dat -

- (a) ek tot nominasie instem;
- (b) ek 'n Suid-Afrikaanse burger is;
- (c) ek permanent in die Republiek woonagtig is te (meld volledige woonadres)
- (d) ek toestem tot nominasie in die kategorie Ingeskrewe verpleegkundige;
- (e) ek onderneem om my te hou by die Gedragskode vir lede van die Raad op Verpleging wat van die Raad verkrygbaar is by: Posbus 1123, Pretoria, 0001.

**Handtekening**

Ek sertifiseer dat die verklaarder erken het dat hy/sy met die inhoud van die verklaring vertrouyd is en dit begryp.

Beëdig/bevestig en geteken voor my te \_\_\_\_\_ op \_\_\_\_\_

Kommissaris van Ede

Amp \_\_\_\_\_

6. Elke nominasie moet nie later nie as 16:30 op 28 Maart 2000 by die kiesbeampte by die onderstaande adres per pos of per hand ingedien word. Vorms is van die kiesbeampte verkrybaar, maar kiesers en kandidate kan self die vorms opstel, mits dit aan die voorgeskrewe vereistes voldoen.

7. 'n Nominasie wat nie aan bostaande vereistes voldoen nie, of wat nie teen die gemelde tyd en datum by onderstaande adres by die kiesbeampte ingedien is nie, is ongeldig.

F A Germishuizen  
Kiesbeampte

Posadres: Die Kiesbeampte, Posbus 2542, PRETORIA, 0001.

Afleveringsadres: Die Kiesbeampte, Pretoriusstraat 602, Arcadia, PRETORIA, 0083.

Datum: 28 Januarie 2000

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