REPUBLIC OF SOUTH AFRICA
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IMPORTANT NOTICE

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BOARD NOTICE

BOARD NOTICE 142 OF 2011

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

ELECTION OF MEMBERS OF PROFESSIONAL BOARD FOR CHILD AND YOUTH CARE (PBCYC)

In accordance with regulation 9 of the Regulations regarding the election and appointment of members of a professional board made in terms of the Social Service Professions Act, 1978 (Act 110 of 1978), notice is herewith given that an election will be held for –

- 5 (five) child and youth care workers nominated and elected by child and youth care workers

Nominations of persons who comply with the requirements of regulation 2 of the above mentioned regulations, are invited.

Each nominee must –
- be nominated by a person as prescribed;
- be nominated on a form available from the returning officer, stating his or her full first names, surname, identity number, voters registration or Council's registration number with the Council and address;
- accept such nomination in writing on the prescribed nomination form or if it is impossible for the nominee to sign the nomination form, he or she may notify the returning officer by letter, fax or e-mail that he/she accepts his/her nomination; and
- deposit with the returning officer an amount of R50 (ABSA Current Account 2140222731 and send proof of payment).

Any person who is entitled to vote at the election, may sign the nomination form of any number of nominees in the category for which he or she is entitled to vote, but not more than the number of members to be elected in that category. The nomination form must state the full first names, surname, registration number with the Council and address of the nominator and must be signed by him/her.

Each nomination form in respect of which any of these provisions have not been complied with or which is not received on or before the date and time mentioned at the address given below, will be invalid.

Each nomination must reach the nomination officer at the address below **before** or on **14 October 2011** nomination forms are also available from the returning officer at this address.

Iveda V SMITH (Mrs)
RETURNING OFFICER

Postal address: SA Council for Social Service Professions, Private Bag X12, Gezina, 0031
Street address: 37 Annie Botha Ave, Riviera, Pretoria, 0084.
Telephone number: (012) 356 8302/22
Fax number: 086 607 8563/012 356 8400
E-mail: cycelections@sacssp.co.za / mail@sacssp.co.za
Website: www.sacssp.co.za

ANNEXURE A

SA COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

NOMINATION FOR ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR CHILD AND YOUTH CARE (PBCYC)

REQUEST FOR NOMINATIONS

1. In terms of the provisions of regulation 9 of the Regulations *relating to the election of members of a professional board*, nominations are hereby requested for candidates to be elected by Child and Youth Care workers to serve on the Professional Board for Child and Youth care (PBCYC).

2. Nominations are invited for the election of the following members of the professional board for Child and Youth Care:

   - 5 (five) child and youth care workers nominated and elected by child and youth care workers.

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

4. (1) Each candidate shall be nominated separately on the following nomination form:

ANNEXURE A

NOMINATION FORM

I nominate (print the **full first names, surname and voters registration number** of the candidate as they appear on the voters list), or **council's registration number** as they appears in the official register the council (delete whichever is not applicable)

.....

.....

for election as a member of the Professional Board for Child and Youth Care in the category **Child and Youth Care Work**

Signature of person nominating .....

(print full first names, surname **and voters registration number** or **council's registration number** of the person who nominates as they appear in the official register of the council or on the voters list.

.....

.....

(2) Each person who signs a nomination form shall lodge a declaration on the following form with the nomination:

ANNEXURE A

DECLARATION BY PERSON WHO NOMINATES

I (print the **full names, surname and voters registration number** or **council's registration number** as they appears in the official register of the council or as they appear on the voters list of the council) .....,

declare that I am a South African citizen resident in the Republic at (state full residential address and telephone number)

.....

.....

.....

.....

Signature of person nominating

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: .....

ANNEXURE A

(3) Simultaneously with the lodging or not later than the time and date determined in subparagraph (4), each candidate shall lodge with the returning officer-

(a) a curriculum vitae of not more than 150 words, including, where possible, a telephone, fax number and / or e-mail address where the candidate may be reached;

(b) passport photograph on which the candidate's name and council registration number are indicated on the back;

(c) a deposit of R50,00 (ABSA Current Account 2140222731 and send proof of payment);

(d) his or her consent to the nomination in the following form:

ANNEXURE A

CONSENT TO NOMINATION

I (print **full first names, surname and voters' registration number** or **council's registration number** as they appear in the register of the council or as they appear on the voters list of the council)

.....

....., 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 and telephone number):.....

.....

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

.....

.....

Signature of nominee

Sworn to / affirmed and signed before me at ..... on .....

.....

COMMISSIONER OF OATHS

ANNEXURE A

Office

held:.....

(4) Each nomination shall be lodged with the returning officer by post, fax, e-mail or by hand not later than **16:00 on Friday, 14 October 2011**.

Forms are available from the returning officer.

4. A nomination which does not comply with the above requirements and the requirements of the regulations regarding election and appointment of members of a professional board, or which has not been lodged with the returning officer at the address stated below by the said time and date shall be invalid.

Iveda V SMITH (Mrs)
RETURNING OFFICER

Postal address:	SA Council for Social Service Professions, Private Bag X12, Gezina, 0031
Street address:	37 Annie Botha Ave, Riviera, Pretoria, 0084.
Telephone number:	(012) 356 8302/22
Fax number:	012 356 8400
E-mail:	mail@sacssp.co.za/cycelections@sacssp.co.za
Website:	www.sacssp.co.za
Date:	22 August 2011