

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

Beacon Hill Office Park - Corner of Hargreaves Road and Hockley Close - Private Bag X0039 - Bhisho - 5605 - REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 605 5125 - Fax: +27 (0)43 605 5056 - Email address: vuyelwa.nyati@ecdsd.gov.za - Website: www.ecdsd.gov.za

FORM 3

NOMINATION FORM FOR CANDIDATES TO BE APPOINTED AS MEMBERS OF THE MANAGEMENT STRUCTURE FOR COMMUNITY BASED SERVICES / TREATMENT CENTRES / HALFWAY HOUSES

(Regulation 22(4))

Each nomination must be lodged with the relevant community based centre / treatment centre / halfway house by post, fax or hand before

Nomination forms are available at www.socdev.gov.za

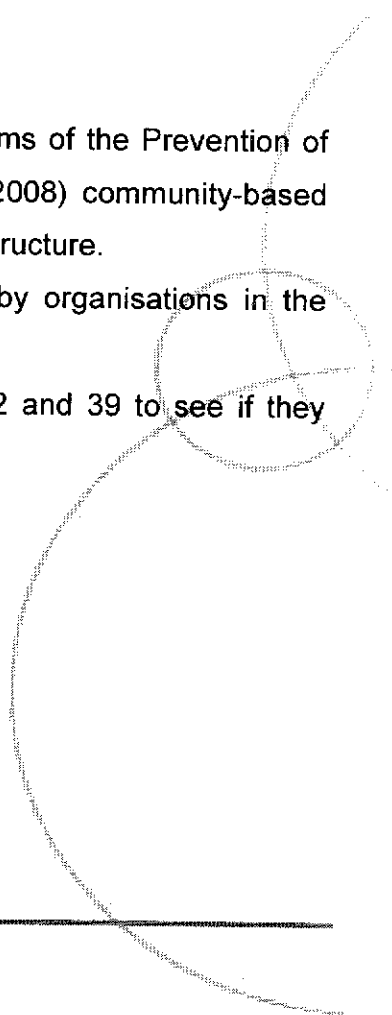
A nomination which has not been lodged with the community based centre/treatment centre/halfway house at the address stated below by the said date is invalid.

REQUEST FOR NOMINATIONS

1. In terms of the regulations 22 and 39 of the Regulations made in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No. 70 of the 2008) community-based service/treatment centre/halfway house to serve on the management structure.
2. Nominations are invited for the appointment of persons nominated by organisations in the social development sector and by the public.

Interested candidates must familiarise themselves with regulations 22 and 39 to see if they qualify to be nominated.

Each candidate must be nominated separately in the following form:





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NOMINATION FORM

I nominate (print the full names and surname of the candidate)

.....

as candidate to be appointed as a member of the management structure of community-based service/treatment centre/halfway house (delete whichever is not applicable).

Signature of person nominating

.....

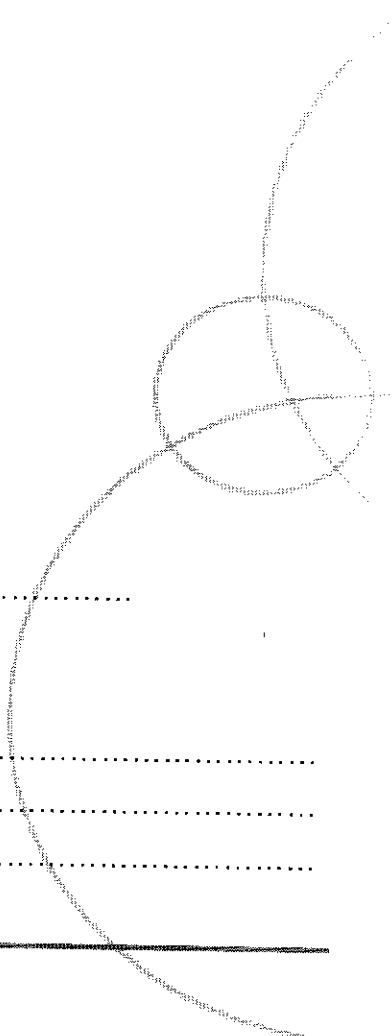
Print full names and surname

DECLARATION BY PERSON WHO SIGNS NOMINATION

I (print full names and surnames)

declare that I am resident in the Republic (state full residential address)

.....





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SECONDMENT OF THE NOMINATION

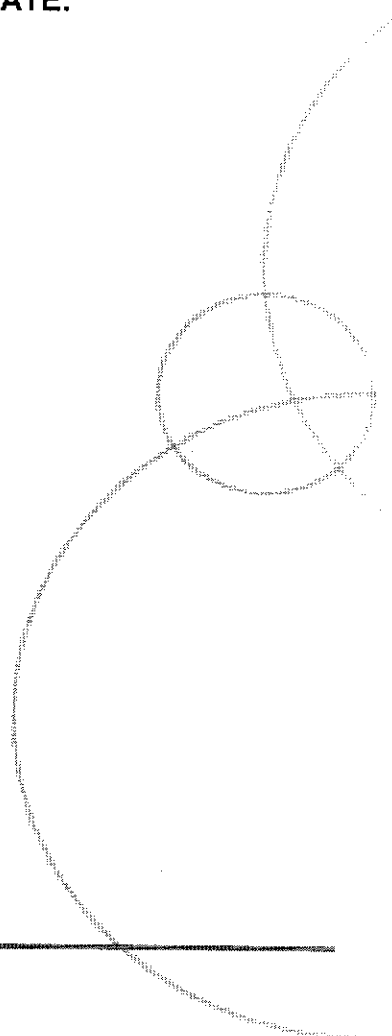
I (print full names and surname) second the nomination of

.....
SIGNATURE OF PERSON NOMINATING

DATE:

.....
SIGNATURE OF THE PERSON SECONDING

DATE:



Small, faint text or a watermark on the left side of the page, possibly containing contact information or a reference number.