

**NOTICE OF NOMINATIONS
TRADITIONAL HEALTH PRACTITIONERS ACT, 2007 (ACT NO. 22 OF 2007)**

**NOMINATIONS OF MEMBERS OF THE INTERIM TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF
SOUTH AFRICA**

- (1) Notice is hereby given in terms of the provisions of the Regulations (GG 34546, Notice No. R.685 of 22 August 2011) relating to the appointment of members of the interim traditional health practitioners Council of South Africa for the submission of nominations of candidates to be appointed by the Minister of Health for a three year term of office. In terms of Section 7 of the Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) ("the Act") the Minister shall appoint to the Council:
- a. Nine traditional health practitioners, one from each province (in practice for not less than five years);
 - b. One person appointed on account of his/her knowledge of the law;
 - c. Three persons appointed as community representatives; and
 - d. One representative from each of the four categories of traditional health Practitioners defined in terms of the Act (Diviner, Herbalist, Traditional Birth Attendant and Traditional Surgeon).

Requirements of a valid nomination

- (2) Each nominee must be nominated by completing a separate nomination form, and each person can only nominate and sign a maximum of three nomination forms.
- (3) Each nomination form must contain at least-
- a. the name and address of the nominee;
 - b. the category for which they are nominated; and
 - c. the name and contact details of the person or interested party making the nomination.
- (4) The nomination form may be obtained from the Returning Officer at the physical address given below; from the provincial, districts and sub-districts offices responsible for health and may also be downloaded from www.doh.gov.za.
- (5) Nominations forms duly completed and signed, must be returned to the addresses or fax number given below not later than **16h30 on 31 January 2012**: for the attention of the Director: Public Entities Governance.
- (6) Every nomination form in respect of which any of the requirements as stipulated above has not been complied with, or which is not received by the aforesaid date and time at the address or fax number given below, will be invalid.

Street address:

Department of Health
Cnr Struben and Andries Street
PRETORIA, 0001

Postal address:

The Director General: Dept. of Health
Att: Director: Public Entities Governance
Private Bag X828
PRETORIA, .0001

Fax Number: 086 632 5876
Queries/ further information:
Ms Mhloti Mushwana: 012 395 8753

NOMINATION FORM FOR APPOINTMENT AS MEMBER OF THE INTERIM COUNCIL OF TRADITIONAL HEALTH PRACTITIONERS OF SOUTH AFRICA

I/ We the undersigned hereby nominate the following person as a nominee for appointment by the Minister as a member of the Council

1. Full names of nominee or traditional health practitioner		
2. ID Number		
3. Physical address		
4. Postal address (if different to above)		
5. Category of Nomination (tick applicable nomination –(if A & B skip 6-8 below and if C complete all)	a. Community Representative	
	b. Person Versed in Law	
	c. Traditional Practitioner	
6. Province in which the practitioner predominantly practices (tick one and state town/city/village)	EASTERN CAPE	
	FREE STATE	
	GAUTENG	
	KWAZULU-NATAL	
	LIMPOPO	
	MPUMALANGA	
	NORTHERN CAPE	
	NORT WEST	
	WESTERN CAPE	
7. Main area of practice (tick one)	Diviner	
	Herbalist	
	Traditional Birth Attendant	
	Traditional Surgeon	
8. Number of years in practice and place of practice		

I hereby declare that I am willing to accept the abovementioned nomination and am available to serve on the Interim Traditional Health Practitioners Council should the Minister of Health decide to appoint me to this position.

Signature or mark of the nominee

Date

I,..... (full names of the person nominating and occupation) Hereby declare that the information given is correct, and understand that it is Minister's prerogative to appoint members of the interim Traditional Health Council.

Signature or mark of person nominating

Date

***ATTACH BRIEF MOTIVATION AND DETAILED CURRICULUM VITAE OF THE NOMINEE TO THIS NOMINATION FORM**