



Province of the
EASTERN CAPE
HEALTH

Annexure 2: NOMINATION FORM

ESTABLISHMENT OF GOVERNANCE STRUCTURE FOR (Facility Name)

1. I/we.....(name & surname)
in my/our capacity as.....(portfolio)
of the following structure.....(organization)
Contact Number

2. Nominate Prof/Dr/Rev/Mr/ Mrs/Ms/Miss.....
to be considered for appointment in the Governance Structure of
.....(health facility)

3. **MOTIVATION FOR THE NOMINATED PERSON:**

.....
.....
.....

4. **ORGAN OF CIVIL SOCIETY REPRESENTATION: (pls mark)**

Youth Organization		Women's organization	
Faith Based Group		Traditional leader	
Disabilities		Traditional Practitioner	
Business		Health Management	
Ward:		NGO:	
Community:		Other	

Sign:Date:

Witness.....Date.....

Acceptance of Nomination.

I.....accept the nomination to stand for
consideration to serve in the governance structure of.....(health
facility)

.....

Signature

Date

STAMP