



**NOMINATION FORM**

**Nomination to serve as a member of the Western Cape College of Nursing College Council**

Please note that this form must be submitted no later than the 31<sup>st</sup> of August 2023

E-MAIL: Nobomi.Spelman@westerncape.gov.za

**Details of Nominee**

Surname -----

First Name/s -----

Identity No -----

**Proposed by the following Members of the public**

Name	Identity Number	Signature
a) -----	-----	-----
b) -----	-----	-----

**Acceptance by Nominee**

Signature -----

Please include: • Curriculum Vitae of the Nominee; • Details of three referees; and a declaration by the Nominee that no conflict of interest exists with the Western Cape College of Nursing