6 February 2017

Dear Registered Practitioner (**Register for Phytotherapy**)

**PROFESSIONAL BOARD ELECTION**

**NOTICE OF ELECTION AND REQUEST FOR NOMINATIONS TO THE PROFESSIONAL BOARD: HOMEOPATHY, NATUROPATHY AND PHYTOTHERAPY OF PERSONS REGISTERED IN THE PROFESSION OF PHYTOTHERAPY AS PROFESSIONAL BOARD MEMBERS**

The term of office of all members of all professional boards expires on 17 November 2017.

In terms of the provisions of the Allied Health Professions Act, Act 63 of 1982 (“the Act”), read together with Regulation 11 (GN R127, published on 12 February 2001), notice is hereby given that the election of two (2) persons to represent Phytotherapy and serve on the Professional Board (PBHNP) of Council for the new term of office of PBHNP, will be held.

**STEP ONE: NOMINATION PROCESS**

**Nominations are hereby invited for step one in the election process of two (2) persons registered in the profession of Phytotherapy.** Any person who is registered as such with the Allied Health Professions Council, who is a South African citizen resident in the Republic, who is not disqualified in terms of the Act or the Health Professions Act, 1974, from practicing his/her profession and who is not an un-rehabilitated insolvent, shall be eligible for nomination.

**A nomination and nominee acceptance form is included with this letter.** Any person registered in the profession of Phytotherapy may nominate a candidate. Each candidate shall be nominated separately on the said nomination form. There is no limit to the number of persons registered in the profession of Phytotherapy who can be nominated, provided that the acceptance of each nomination shall be signed by the person being nominated. Copies of the nomination form may be made for additional nominations.

Nominations and nominee acceptances must be lodged with the Returning Officer by way of post, fax, hand delivery or email and must be received by no later than **16h00 on Friday,**

**7 April 2017**, after which each nomination will be checked for validity. Nominations must be sent to: **The Returning Officer, Allied Health Professions Council of South Africa, Private Bag X4, Queenswood, 0121, or fax to (012) 349 2327, or email to** [**info@ahpcsa.co.za**](mailto:info@ahpcsa.co.za) **or hand deliver to Council House, 6 Castelli, Il Villagio, 5 De Havilland Crescent South, Persequor Technopark, Pretoria.**

With the lodging of the nomination and nominee acceptance, the summary of the nominee’s curriculum vitae not exceeding one (1) page shall be submitted.

A nominee may, at any time prior to the closing date for receipt of nominations, notify the Returning Officer in writing of his/her intention to withdraw as a nominee in the election. After such date, no withdrawal shall be permitted.

Every nomination form in respect of which any of the above-mentioned provisions has not been complied with, or which is not received by 16h00 on Friday, 7 April 2017, at the address given above, shall be invalid.

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| **THE ADOPTION OF THE AHPCSA’S POLICY ON TRANSFORMATION REFLECTS THE POLICY OF GOVERNMENT IN THIS REGARD, IN PARTICULAR THOSE PRINCIPLES SET OUT IN THE DEPARTMENT OF HEALTH 2003 TRANSFORMATION DOCUMENT; THE AHPCSA’S TRANSFORMATION POLICY DOCUMENT IS AVAILABLE ON REQUEST** |

**STEP TWO: THE ELECTION PROCESS**

After the closing date for the receipt of nominations, the ballot forms will be prepared. Instructions for recording your vote will be sent to you together with the ballot paper.

As per the Act, the communication to you containing ballot forms is required to be in the form of a **REGISTERED LETTER**. Kindly ensure that you collect this **REGISTERED LETTER** when notification is received – The AHPCSA receives numerous returns of registered letters to practitioners for no apparent reason other than “Unclaimed”. Thank you.

**Yours faithfully**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DR LOUIS MULLINDER**

**REGISTRAR (RETURNING OFFICER)**

**NOMINATION FORM**

**FOR THE ELECTION OF A PERSON TO THE PROFESSIONAL BOARD: HOMEOPATHY, NATUROPATHY AND PHYTOTHERAPY REGISTERED IN THE PROFESSION OF PHYTOTHERAPY**

**PART ONE: THE NOMINATION (TO BE COMPLETED BY THE PERSON MAKING THE NOMINATION)**

I, (**FULL NAMES AND SURNAME AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF PHYTOTHERAPY**), a person registered in the profession of Phytotherapy, hereby nominate:

(**FULL NAMES AND SURNAME OF THE CANDIDATE AS THEY APPEAR IN THE REGISTER FOR PHYTOTHERAPY**), who is registered in the profession of Phytotherapy, is not disqualified in terms of the Allied Health Professions Act or the Health Professions Act from practicing his/her profession, is a South African citizen residing in the Republic, for election as a member of the Allied Health Professions Council representing the profession of Phytotherapy in the forthcoming elections.

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| **Details of the person making the nomination:**  **FULL NAMES AND SURNAME OF YOURSELF (THE PERSON MAKING THE NOMINATION) AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF PHYTOTHERAPY**    Council Registration number: **A**  Tel: Fax: \_\_\_\_\_  Mobile: Email:  \_ Signature (of person making the nomination) |

**PART TWO: CONSENT TO NOMINATION (TO BE COMPLETED BY THE PERSON WHO IS ACCEPTING THE NOMINATION)**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**PRINT FULL NAMES AND SURNAME AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF PHYTOTHERAPY**)

Registration number: **A** Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: Mobile: \_

Email: \_\_\_ \_\_

hereby **accept the nomination** as a candidate for the election as a member on the Professional Board (PBHNP) to represent the profession of Phytotherapy and declare that:

* I am registered with the AHPCSA in the profession of Phytotherapy;
* I am not an un-rehabilitated insolvent;
* I am not disqualified in terms of the Allied Health Professions Act or the Health Professions Act from practicing my profession; and
* I am a South African citizen resident within the Republic.

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Signature of person **accepting the nomination** Date

**NOMINATED PERSON MUST ATTACH A ONE (1) PAGE CV**