



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

1 April 2019

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

AHPCSA COUNCIL ELECTION

NOTICE OF ELECTION AND REQUEST FOR NOMINATIONS TO COUNCIL OF ONE (1) PERSON REGISTERED IN THE PROFESSION OF HOMEOPATHY FOR APPOINTMENT AS A COUNCILLOR

https://ahpcsa.co.za/wp-content/uploads/2019/03/election_-_council_homeopathy_-2019.pdf

A vacancy on Council has arisen from a circumstance referred to in section 6(2)(h) of the Act and is required to be filled by election by registered practitioners in the relevant register and in the manner in which the vacating member was required to be elected.

In terms of the provisions of the Allied Health Professions Act, Act 63 of 1982 ("the Act"), therefore, read together with Regulation 2 (GN R127, published on 12 February 2001), notice is hereby given that the election of one (1) person to represent Homeopathy and serve on the AHPCSA Council for the remainder of the term of office of Council, will be held.

STEP ONE: NOMINATION PROCESS

Nominations are hereby invited for step one in the election process of one (1) persons registered in the profession of Homeopathy. 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 unrehabilitated insolvent, shall be eligible for nomination.

A nomination and nominee acceptance form is included with this letter. Any person registered in the profession of Homeopathy 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 Homeopathy 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.

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

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 Monday, 29 April 2019**, 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 registrar@ahpcs.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, **a summary of the nominee's curriculum vitae not exceeding one (1) page shall be submitted, together with the completion of a Continuing Professional Development (CPD) Individual Activity Report which may be viewed/printed/downloaded at <https://ahpcs.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2017 to date amounting to at least thirty-two (32) Continuing Education Units (CEUs), including proof of the successful completion of an AHPCSA-approved bioethics and jurisprudence course (available through AROMASA at <http://aromasa.org.za>) and a current first-aid Level I, II, III or BLS course, an AHPCSA requirement for continuing registration.**

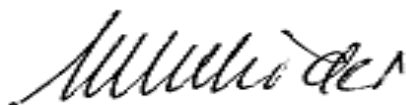
A nominee may, at any time prior to the closing date for receipt of nominations, notify the Returning Officer in writing of his/her intention to withdraw as a nominee in the election. After such date, no withdrawal shall be permitted. Every nomination form in respect of which any of the above-mentioned provisions has not been complied with, or which is not received by **16h00 on Monday, 29 April 2019** at the address given above, shall be invalid.

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.

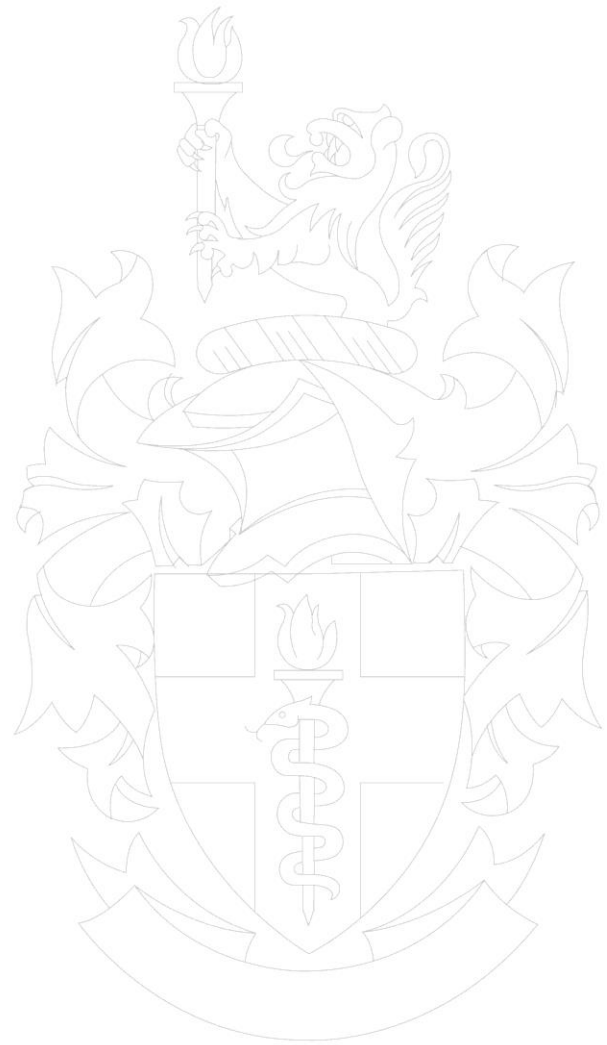
Yours faithfully



DR LOUIS MULLINDER

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcs.co.za **Website:** www.ahpcs.co.za

REGISTRAR (RETURNING OFFICER)



Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

NOMINATION FORM

FOR THE ELECTION TO COUNCIL OF A PERSON REGISTERED IN THE PROFESSION OF HOMEOPATHY

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 HOMEOPATHY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE**), a person registered in the profession of Homeopathy, hereby nominate:

(**FULL NAMES AND SURNAME OF THE CANDIDATE AS THEY APPEAR IN THE REGISTER FOR HOMEOPATHY AND AS CAPTURED ON THE NOMINEE'S AHPCSA REGISTRATION CERTIFICATE**), who is registered in the profession of Homeopathy, 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 Homeopathy in the forthcoming elections.

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 HOMEOPATHY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE:

Council Registration number: **A** _____

Tel: _____ Fax: _____

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

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 HOMEOPATHY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE)

Registration number: A _____ Tel: _____

Fax: _____ Mobile: _____

Email: _____

hereby **accept the nomination** as a candidate for the election as a Councillor to represent the profession of Homeopathy and declare that:

- I am registered under the AHPCSA in the profession of Homeopathy;
- I am not an unrehabilitated 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.

SIGNATURE OF PERSON ACCEPTING THE NOMINATION

NOMINATED PERSON MUST ATTACH A ONE (1) PAGE CV, together with the completion of a Continuing Professional Development (CPD) Individual Activity

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

Report which may be viewed/printed/downloaded at <https://ahpcs.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2017 to date amounting to at least thirty-two (32) Continuing Education Units (CEUs), including proof of the successful completion of an AHPCS-approved bioethics and jurisprudence course (available through AROMASA at <http://aromasa.org.za>) and a current first-aid Level I, II, III or BLS course, an AHPCS requirement for continuing registration.

DATE

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE, PRETORIA, 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcs.co.za **Website:** www.ahpcs.co.za