



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

3 May 2021

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

AHPCSA COUNCIL ELECTION

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

Pursuant to section 5(1)(6) of the Allied Health Professions Act, Act 63 of 1982 ("the Act"), providing for a term of office for councillors of 5 (five) years, which expires in August 2021, and regulation 2 (Government Notice R 127, published on 12 February 2001), notice is hereby given that the election of one (1) person to represent the profession of Phytotherapy and serve on the AHPCSA Council for next term of office of Council for a period of 5 (five) years, will be held

STEP ONE: NOMINATION PROCESS

Nominations are hereby invited for step one in the election process of one (1) person registered in the profession of Phytotherapy. Any person who is registered as such under 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.

Nomination and nominee acceptance forms are included with this election notice. 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, hand delivery or email and must be received by no later than **16:00 on Monday, 31 May 2021**, 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 X28, Lynnwood Ridge, Pretoria, 0040**, or by email to registrar@ahpcsa.co.za or by hand delivery at **6 Castelli, Il Villaggio, 5 De Havilland Crescent South, Persequor Technopark, Pretoria, 0184.**

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

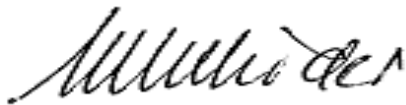
With the lodging of the nomination **and** nominee acceptance, **a summary of the nominee's curriculum vitae not exceeding one (1) page shall be submitted, together with the completion of a Continuing Professional Development (CPD) Individual Activity Report which may be viewed/printed/downloaded at <https://ahpcsa.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2019 to 31 March 2021, 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 **16:00 on Monday, 31 May 2021** at the address given above, shall be invalid.

STEP TWO: THE ELECTION PROCESS

After the closing date for the receipt of nominations, directives for recording your vote electronically will be forwarded to all practitioners.

Yours faithfully



**DR LOUIS MULLINDER
REGISTRAR (RETURNING OFFICER)**

NOMINATION FORM

**FOR THE ELECTION TO COUNCIL OF A PERSON
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 AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE), 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 AND AS CAPTURED ON THE NOMINEE'S AHPCSA REGISTRATION CERTIFICATE), 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.

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 AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE:

AHPCSA REGISTRATION NUMBER: A _____

TEL: _____

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 AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE)

AHPCSA REGISTRATION NUMBER: A _____

TEL: _____

MOBILE: _____

EMAIL: _____

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

- I am registered under the AHPCSA in the profession of Phytotherapy;
- 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

DATE _____

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://ahpcsa.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2019 to 31 March 2021, 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.