



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

28 June 2022

Dear Registered Practitioner (**THERAPEUTIC MASSAGE THERAPY**)

PROFESSIONAL BOARD ELECTION

NOTICE OF ELECTION AND REQUEST FOR NOMINATIONS TO THE PROFESSIONAL BOARD: THERAPEUTIC AROMATHERAPY, THERAPEUTIC MASSAGE THERAPY AND THERAPEUTIC REFLEXOLOGY (PBARM) OF TWO (2) PERSONS REGISTERED IN THE PROFESSION OF THERAPEUTIC MASSAGE THERAPY FOR APPOINTMENT AS PROFESSIONAL BOARD MEMBERS

In terms of the provisions of the Allied Health Professions Act, (63/1982) ("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 **THERAPEUTIC MASSAGE THERAPY** and serve on the Professional Board (PBARM) for the term of office 16 November 2022 to 15 November 2027, 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 **THERAPEUTIC MASSAGE THERAPY**. 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 practising 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. Only persons registered in the profession of **THERAPEUTIC MASSAGE THERAPY** 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 **THERAPEUTIC MASSAGE THERAPY** 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 hand delivery or email and must be received by no later than **16:00 on Wednesday, 10 August 2022** after which each nomination will be checked for validity.

Nominations must be sent to: **The Returning Officer by scanning and emailing to registrar@ahpcs.co.za or hand delivering to Council House, 6 Castelli, Il Villaggio, 5 De Havilland Crescent South, Persequor Technopark, Pretoria.**

With the lodging of the nomination **and** nominee acceptance:

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Tel: 012 349 2331 **Email:** registrar@ahpcs.co.za **Website:** www.ahpcs.co.za

- **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 December 2021, including proof of the successful completion of an AHPCSA-approved bioethics and jurisprudence course (CPD GUIDELINES, paragraph 5.5: <https://ahpcsa.co.za/wp-content/uploads/2019/07/CPD-GUIDELINES-2019-2021.pdf>); and**
- **and proof of having successfully completed a valid first-aid Level I, II, III or BLS course, an AHPCSA requirement for continuing registration for the period 1 July 2019 to 31 December 2021.**

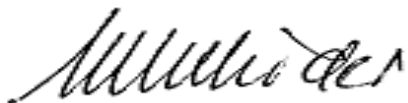
A nominee may, at any time prior to the closing date for receipt of nominations, notify the Returning Officer in writing of his/her intention to withdraw as a nominee in the election. After such date, no withdrawal shall be permitted.

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 Wednesday, 10 August 2022**, at the physical or email addresses 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 sent to all practitioners of **THERAPEUTIC MASSAGE THERAPY** in due course.

Yours faithfully



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

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Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE 0040
Tel: 012 349 2331 **Email:** registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

**AHPCSA ELECTION NOMINATION AND CONSENT TO NOMINATION FORM FOR THE
ELECTION OF A PERSON TO THE PROFESSIONAL BOARD: THERAPEUTIC
AROMATHERAPY, THERAPEUTIC MASSAGE THERAPY AND THERAPEUTIC
REFLEXOLOGY (PBARM) REGISTERED IN THE PROFESSION OF THERAPEUTIC
MASSAGE THERAPY**

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

(FULL NAMES AND SURNAME OF THE CANDIDATE AS THEY APPEAR IN THE REGISTER
FOR THERAPEUTIC MASSAGE THERAPY AND AS CAPTURED ON THE CANDIDATE'S
AHPCSA REGISTRATION CERTIFICATE),

who is registered in the profession of THERAPEUTIC MASSAGE THERAPY, is not disqualified in
terms of the Allied Health Professions Act (63/1982) or the Health Professions Act (56/1974) 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 THERAPEUTIC
MASSAGE THERAPY 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 THERAPEUTIC MASSAGE
THERAPY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE**

Council Registration number: A _____

Tel: _____

Mobile: _____ Email: _____

Signature (of person making the nomination) _____

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Tel: 012 349 2331 **Email:** registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

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 THERAPEUTIC MASSAGE THERAPY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE)

Registration number: A _____

Tel: _____

Mobile: _____

Email: _____

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

- I am registered with the AHPCSA in the profession of THERAPEUTIC MASSAGE THERAPY;
- 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;
- I am a South African citizen resident within the Republic; and
- I am CPD compliant.

SIGNATURE OF PERSON ACCEPTING THE NOMINATION

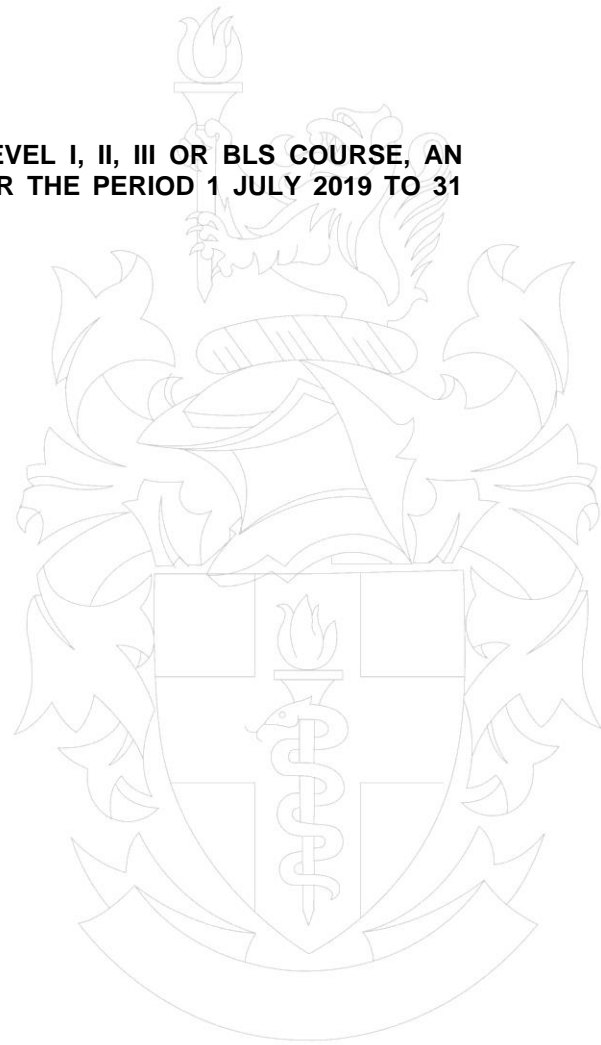
DATE

NOMINATED PERSON MUST ATTACH A SUMMARY OF THE NOMINEE'S CURRICULUM VITAE NOT EXCEEDING ONE (1) PAGE, 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 DECEMBER 2021, INCLUDING PROOF OF THE SUCCESSFUL COMPLETION OF AN AHPCSA-APPROVED BIOETHICS AND JURISPRUDENCE COURSE (CPD GUIDELINES, PARAGRAPH 5.5: [Physical address:** 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184](https://ahpcsa.co.za/wp-content/uploads/2019/07/CPD-</p></div><div data-bbox=)**

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[GUIDELINES-2019-2021.pdf](#)); AND AND A VALID FIRST-AID LEVEL I, II, III OR BLS COURSE, AN AHPCSA REQUIREMENT FOR CONTINUING REGISTRATION FOR THE PERIOD 1 JULY 2019 TO 31 DECEMBER 2021.



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