

#### ACHIEVING EXCELLENCE TOGETHER

# NOMINATION FORM FOR ADDITIONAL EXTERNAL COUNCIL MEMBERSHIP IN TERMS OF SECTION 10(4)(B) OF THE CONTINUING EDUCATION AND TRAINING ACT (CET) 16 OF 2006

#### Section 1: Personal Details

Title (tick relevant)	Mr.	Mrs.	Ms.	Prof.	Dr.	Adv.
Surname	10	1		<u>N</u> gr	II	
Name (s)		YE				
Street Address			Mobile Phon	e		
Suburb		90	Work Teleph	ione		
Town/city			Home Telep	hone		
Code			Primary Ema	ail		
Province		2	Secondary E	imail		
Date of Birth		Achieving Ex	cellence log	301101		
Gender						
Race						
Disability	Yes			No		
Profession						
Highest Academic Qualification						

PC	LOKWANE CAMPUS	SESHEGO C	AMPUS	SENWABARWANA C	AMPUS RAM	IOKGOPA CAMPUS
06 Te	o Dorp & College Streets 99 POLOKWANE I: (015) 283 3300 x: (015) 297 2183	1919 Freedor 0742 SESHE Tel: (015) 223 Fax: (015) 22	GO 3 9600	Senwabarwana Main S 0790 SENWABARWA Tel: (015) 505 3172 Fax: (015) 505 3174	NA 0811 Tel:	to Mokomene High School RAMOKGOPA (015) 526 2750 (015) 526 2005
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Are you a South African citizen	Yes	No
If not please state citizenship		
Have you ever served as a council member in a college(s) council before?		
If yes, please state the name (s) of and the college (s) and the period (s) of appointment		

### Section 2: Council Membership Qualifications

The CET Act and college statutes contain grounds which disqualify persons from council membership. Please answer the following questions to determine whether you are eligible for appointment to a council of a public college.

Have you been disqualified to act as a director in terms of the legislation regulating the governance of companies or removed from an office of trust by a court of law or similar tribunal or forum?

Yes / No

Have you ever been convicted of an offence for which the sentence was imprisonment without the option of a fine?

Yes / No

Have you ever been declared insolvent by a court of law?

Yes / No

Have you ever been declared unfit to attend to personal affairs by a court of law?

Yes / No

Have you in the past been involved in activities that could call into question your reputation?

#### Yes / No

Are you a Member of Parliament or Legislature?

Yes / No

POLOKWANE CAMPUS C/o Dorp & College Streets 0699 POLOKWANE Tel: (015) 283 3300 Fax: (015) 297 2183	SESHEGO C 1919 Freedor 0742 SESHE Tel: (015) 223 Fax: (015) 223	n Drive GO 3 9600	SENWABARWANA C Senwabarwana Main S 0790 SENWABARWAI Tel: (015) 505 3172 Fax: (015) 505 3174	Street Next NA 0811 Tel:	OKGOPA CAMPUS to Mokomene High School RAMOKGOPA (015) 526 2750 (015) 526 2005
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Are there any real, perceived or potential conflicts of interest between your circumstances and any matters relating to any public? If yes, please specify the institution

## Yes / No

Please also list any currently held board or council membership/directorship/trusteeship of any

company, organization or trust. Include dates of commencement; if none held, please write, None

Have you, in terms of your current work and/or other commitments, the capacity to diligently

discharge your duties to Council?

Yes / No

List any matters of which the Minister should be aware in considering your suitability for appointment.

# Section 3: Preferred Oversight Committee(s)

Please select the oversight committee(s) you qualify to serve by ticking one or two from the table below:

No.	Committee	Tick ( $$ )	Comment (if any)
1.	Finance		
2.	Infrastructure		
3.	Audit and Risk	leving Ext	ellence logethol
4.	Information and Communication Technology		
5.	Governance and Strategy		
6.	Other		

POLOKWANE CAMPUS	SESHEGO C	AMPUS	SENWABARWANA C	AMPUS	RAMOK	SOPA CAMPUS
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#### Section 4: Consent and Declarations

I, ......(please type your full name), hereby declare that:

- a) I give consent to Capricorn TVET College to recommend my name to the Minister of Higher Education, Science and Innovation for consideration and appointment to a council of the College.
- b) I disclosed all my interests in matters relating to any public sector.
- c) The information provided in this form is accurate.
- d) I acknowledge that the information provided on this form will be used by the College for the purpose of confirming my eligibility to serve as a council member.
- e) I acknowledge that the copies of the Identity Document, qualifications and training certificates are certified copies.
- I note that all information I provided will be held securely and kept confidential, except asmay be required to be disclosed by law.

Signed: .....

Date: .....

	POLOKWANE CAMPUS	SESHEGO CAMPUS		SENWABARWANA C	AMPUS RAM	RAMOKGOPA CAMPUS		
	C/o Dorp & College Streets	1919 Freedom Drive		Senwabarwana Main S	Street Next	Next to Mokomene High School		
	0699 POLOKWANE	0742 SESHEGO		0790 SENWABARWANA		0811 RAMOKGOPA		
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	Fax: (015) 297 2183			Fax: (015) 505 3174	Fax:			
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