**Nomination to serve on the Steering Committee for the Recognition of Prior Learning: Traditional Healing and Practices**

*NOMINATION OF CANDIDATE*

I nominate (*print the full first names and surname of nominee*)

……………………………………………………………………………………………………………..

as a candidate to *be* appointed by the Minister of Science and Innovation as a member of the Steering Committee of the RPL for the Traditional Healing and Practices Domain.

……………..……………………………………….. …………………………………

###### Signature of the nominee Date

#### DECLARATION BY PERSON WHO ACCEPTS NOMINATION

I (*print the full first names and surname of the candidate*)

……………………………………………………………………………………………………………..

declare that I represent the sector concerned and I am a resident in the Republic of South Africa (*state full residential address and telephone number*)

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###### Signature of nominated candidate Date

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A**  Personal and Professional details | | | | | | | | | | | | | |
| **1. Full names of**  **candidate as appearing**  **in ID** | **Name(s)** |  | | | | | | | **Surname** | |  | | |
| **2. ID/ Passport Number.** |  | | | | | | **Age** |  | | **Education level** | |  | |
| **3. Physical Address & Contact Number** |  | | | | | | | | | | | | |
| **Phone/Cellular no.** | | |  | | | | | | | **Code** | |  |
| **4. Postal Address**  ***(If different to above)*** |  | | | | | | | | | | | | |
|  | | | | | | | | | | **Code** | |  |
| **5. Designation**  ***(Mark with an X)/ Place of practice and Number of years in Practice*** | **Designation** | | | | **Place of practice** | | | | | | **Number of years in practice** | | |
| **Maine** | | | |  | | | | | |  | | |
| **Mubebisi** | | | |  | | | | | |  | | |
| **Musevhetho** | | | |  | | | | | |  | | |
| **Murundu** | | | |  | | | | | |  | | |
| **6. Are you affiliated to any Health Practitioner’s Organisation** | **YES or NO** | | | | | **If YES, please provide the details of the organisation.** | | | | | | | |
| 1. **Understanding of the Legislative and Regulatory Framework governing the Practice:** |  | | | | | | | | | | | | |
| **Section B**  Competencies | | | | | | | | | | | | | |
| 1. **Provide a brief background on your technical competencies within the Discipline of Practice (refer to Eligibility Criteria below.** | | | | | | | | | | | | | |
| **CRITERIA** | | | **DEMONSTRATED ABILITY TO** | | | | | | | | | | |
| **CORE COMPETENCIES:** *Refers to the set of skills that defines a particular THP category (and provides the foundation from which the practitioner is presented to deliver quality service to a client.* | | | | | | | | | | | | | |
| **Competency process**  *Explain your journey (how it started up to completion)* | | |  | | | | | | | | | | |
| **Scope of Knowledge** | | |  | | | | | | | | | | |
| **Accountability** | | |  | | | | | | | | | | |
| **Problem Solving** | | |  | | | | | | | | | | |
| **Ethics & Professionalism** | | |  | | | | | | | | | | |
| **Context and Systems** | | |  | | | | | | | | | | |
| **GENERIC COMPETENCIES**: *Refers to skills that can be applied across a variety of subject areas (perceptive, tenacious, compassionate, courage, etc.)* | | | | | | | | | | | | | |
| **Interpersonal Skills**  (*Integrity & Trust* *Perceptive*, *Tenacious*, *Compassionate* and *Counselling)* | | |  | | | | | | | | | | |
| **Leadership and management skill**  *(ability to lead people and to manage processes)* | | |  | | | | | | | | | | |
| **Communication skills**  *(Ability to communicate)* | | |  | | | | | | | | | | |
| **Business administration**  *(Ability to manage business)* | | |  | | | | | | | | | | |

**NB:**

Checklist: Required Documents

|  |  |
| --- | --- |
| **Documents required** | **Yes/ No** |
| Completed application form |  |
| A reference letter from community leadership/ authority |  |
| A reference letter where the candidate received his/her training |  |
| A Reference letter from your Organisation of Choice |  |
| Short CV of the applicant detailing his/her experience and other related information |  |

#### DECLARATION

I (*print the full first names and surname of the applicant*)

……………………………………………………………………………………………………………..

Declare that I represent the sector concerned and that the information supplied is true to the best of my knowledge.

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###### Signature of nominated candidate Date