



#### **NOMINATION FORM**

# FOR THE NOMINATION OF A PERSON TO BE APPOINTED BY THE MINISTER OF HEALTH TO SERVE AS MEMBER OF THE SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY (SAHPRA)

The SAHPRA Board was established in terms of the Medicines and Related Substances Amendment Act, 1965 (Act No. 101 of 1965) as amended, for the purpose of monitoring, evaluation, regulation, inspection, registration and control of medicines, Scheduled substances, clinical trials and medical devices, IVDs and related matters in the public interest.

The Honourable Minister of Health, Dr Zwelini Lawrence Mkhize, invites the public to submit nominations of candidates to be considered for appointment to the Board of the SAHPRA effective from 1 October 2021 to 30 September 2024 in the following categories:

- (a) Not more than 10 persons who have expertise in the fields of medicine, medical devices, IVD, vigilance, clinical trials, good manufacturing practice, public health or epidemiology;
- (b) One person on account of his or her knowledge of the law;
- (c) One person on account of his or her knowledge of good governance;
- (d) One person on account of his or her knowledge of financial matters and accounting;
- (e) One person on account of his or her knowledge of information technology; and
- (f) One person on account of his or her knowledge of human resource management.

# Disqualification from membership of the Board: A person shall not be appointed as Director/ Board member if that person: -

- (a) is not a South African citizen and ordinarily resident in the Republic;
- (b) is an unrehabilitated insolvent:
- (c) has at any time been convicted of an offence involving dishonesty, whether in the Republic or elsewhere, and sentenced to imprisonment without the option of a fine; or
- (d) has been removed from an office of trust.

**Remuneration:** Remuneration for Board meetings is set at the level prescribed by the National Treasury. It should be noted that employees of National, Provincial and Local Government, Government agencies or entities, appointed as members on the SAHPRA Board, are not entitled to additional remuneration and will not be remunerated for their service as members of the Board. Members of the Board will not serve in full-time capacity and it is envisaged that the Board meetings will be held on a quarterly basis.

Requirements of a valid nomination: Nominations must be made on a nomination form obtainable from the Department of Health's website at www.health.gov.za under VACANCIES. A comprehensive Curriculum Vitae (CV) of the nominee should be attached, including certified copies of academic qualifications and supporting information.

**Submission of nominations:** Nominations should be addressed to the Director-General, Department of Health, and marked for the attention of the Director: Public Entities Governance and submitted via email to: **Paul.Tsebe@health.gov.za** by no later than **16h00 on Friday, 21 May 2021**.

## FORM 1 A

## NOMINATION AND NOMINATION ACCEPTANCE FORM

Part 1: Particulars of nominating person (Nominator)

1.	No	mir	nate	d b	y:																							
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3.	Or	gan	isat	ion	(if	app	olica	able	): (F	Prov	vide	<u>ful</u>	l na	me	, no	t al	bre	via	tion	)				1			1	т
4.	4. Title (private person or person representing the organization): Mr/Ms/Dr/Prof/Other:																											
5.	Su	rna	me:	(as	on	ID	):																					
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9. Contact Details:																												
Telephone Number																												
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# 12. Acceptance. I, (Surname and full names as on ID) \_\_\_\_\_\_ accept the nomination to serve on the South African Health Products Regulatory Board

13. Signature of nominee: \_\_\_\_\_

Part 2: Acceptance of Nomination by the Nominee (Nominated Person)

## Form 1 B

PARTICULARS OF THE NOMINEE															
1. Title of nominee: Mr/Ms/Dr/Prof/Other:															
2. Surname: (as on ID)															
2 F. II No.		. ID).													
3. Full Nam	nes: (as on														
4. Biographic Information:															
RSA Citizen	Yes	No													
ID Number															
Race	African	Asian Co	loured	White											
Gender	Male	Female													
Disability	Yes	No													
5. Contact	5. Contact Details:														
Telephone Nu	ımber														
Mobile Number	er														
E-mail Addres	ss														
Postal Addres	SS														
6. Is the nominee currently a member of any board, tribunal or council? Yes / No (provide info. below If yes)															
Board/Tribuna	al/Council			Role (Member/Chairperson)											

7.	Has the nominee ever been convicted of any offence: Yes / No. If "Yes"
	a. Provide details or attach details:
	b. Provide date on which last sentence was served:
8.	Is there any matter that may disqualify the nominee for service on this entity? Yes / No.
	If "Yes" Please provide or attach details
9.	List/describe the relevant fields of expertise of the nominee:
10.	Provide details about the proven skills, knowledge and experience of the nominee:

What are the qualifications of the nominee? (Academic) Please complete the following detail: Qualification **Year Obtained** Institution

12. Nomination to be considered for appointment as a member of SAHPRA Board in the following category (Tick only One) Medicine, Medical Devices, IVD, Vigilance, Clinical Trials, Good Manufacturing Practice, Public Health or Epidemiology; Specify field(s) of expertise: Law; Good Governance; Financial matters and accounting; Information Technology; and Human Resource Management

13. Disqualification: A person shall not be appointed as a Board Member if he or she: -(a) is an unrehabilitated insolvent is disqualified under any law from carrying on his or her profession (b) is not permanently resident in the Republic of South Africa (c) has at any time been convicted (whether in the Republic of South Africa or elsewhere) of theft, (d) fraud, forgery or uttering a forged document, perjury or any offence involving dishonesty, and has been sentenced therefore to imprisonment without the option of a fine Has or acquires an interest in a business or enterprise, which may conflict or interfere with the (e) proper performance of the duties of Board. I, (the nominee) \_\_, have read and understood the disqualification criteria above and confirm that I am fully qualified to be appointed as a Board member. Signature: 14. Remuneration: Remuneration for Board meetings is set at the level prescribed by the National Treasury. Members of the Board will not serve in full-time capacity and it is envisaged that the Board will meet on quarterly basis. Persons in full-time employment of the State will not be remunerated for their service as members of the Board. \_\_\_\_, have read I, (the nominee) and understood the remuneration regarding the South African Health Products Regulatory Board.

#### 15. Attachments

#### PLEASE NOTE THE FOLLOWING SHOULD BE ATTACHED TO THE NOMINATION FORM:

- (a) Detailed CV of the nominee
- (b) Certified copy of ID and Qualifications

Date: