



## **GAUTENG PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

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### **NOMINATION FORM**

#### **Nomination to serve as member of Lebone College Council**

Please note that this form must be submitted no later than .....**2023**

EMAIL: [Setlau.Ramatsetse@gauteng.gov.za](mailto:Setlau.Ramatsetse@gauteng.gov.za)

#### **Details of Nominee**

Surname .....

First Name /s .....

Identity No .....

#### **Proposed by the following Members of the public:**

<b>Name</b>	<b>Identity Number</b>	<b>Signature</b>
a) .....	.....	.....
b) .....	.....	.....

#### **Acceptance by Nominee**

**Signature** .....

Please include: \* Curriculum Vitae of the Nominee; \* Details of three referees; and \* a declaration by the Nominee that no conflict of interest exists with the College.