#

# WORKING GROUP (WG) NOMINATION FORM - QUALIFICATIONS DEVELOPMENT/REVIEW

##  Nomination for the appointment as a Working Group (WG) Member proposed by:

|  |
| --- |
| NOMINATOR DETAILS |
| I, (FULL NAMES)  |  |
| INSTITUTION |  |
| POSITION |  |
| BUSINESS ADDRESS  |  |
| TELEPHONE NO. (WORK)  |  |
| CELL NO.  |  |
| E-MAIL ADDRESS  |  |

## 1.2 Nomination for the appointment as a Working Group (WG) Member to be considered by:

|  |
| --- |
| NOMINEE DETAILS: |
| PROF / DR / MR / MS  |  |
| SUBJECT MATTER EXPERT FROM THE FOLLOWING GROUP | STAKEHOLDER GROUPING | **Tick**Checkmark**the applicable box in the table below:** |
| PRACTITIONERS FROM INDUSTRY  |  |
| EMPLOYER/INDUSTRY ASSOCIATIONS |  |
| EMPLOYEE ORGANISATIONS/ ASSOCIATIONS |  |
| ASSESSMENT EXPERTS |  |
| REGULATORY BODIES |  |
| PROFESSIONAL BODIES  |  |
| STATUTORY BODIES |  |
| NON- STATUTORY BODIES |  |
| TRAINING PROVIDERS (PUBLIC)  |  |
| TRAINING PROVIDERS (PRIVATE)  |  |
| COUNCIL OF HIGHER EDUCATION REPRESENATIVE  |  |
| HIGHER EDUCATION REPRESENTATIVE |  |
|  |
| OTHER  |  |
| QUALIFICATIONS |  |
| WORKING EXPERIENCE |  |
| MEMBERSHIP TO OTHER BODIES  |  |
| E-MAIL ADDRESS  |  |
| CELL NO.  |  |

A checklist to confirm the required attachments to motivate and substantiate the nomination is completed in item 4 and the relevant documents are attached to this Nomination Form.

|  |  |
| --- | --- |
| SIGNED  |  |
| DATE |  |

## Acceptance of nomination by nominee, to participate as Working Group (WG) member for qualification development/review:

I,

... (Full names and Surname)

with RSA ID/Passport number,

…

hereby accept the nomination as a working group Member for qualification development/review process, for consideration.

## 2.2 Declaration by accepting nominee:

I hereby certify that I am not declared delinquent as determined by the Companies Act and should I be considered for appointment; I will abide by all QCTO Qualifications Development and Review processes including the Terms of Reference of the Working Group.

I trust that this acceptance will receive your favourable consideration, and I await the completion of the QCTO appointment process hope for a positive outcome.

Regards

|  |  |
| --- | --- |
| ACCEPTORS SIGNATURE |  |
| FULL NAMES: |  |
| E-MAIL ADDRESS: |  |
| CELL NUMBER |  |
| DATE:  |  |

## Quality Partner Details

|  |  |
| --- | --- |
| DATE |  |
| NAME OF QUALITY PARTNER |  |
| EMAIL OF QUALITY PARTNER REPRESENTATIVE  |  |

## Checklist to confirm attachments:

|  |  |  |
| --- | --- | --- |
|  | ATTACHMENT | **Tick**Checkmark**the applicable box in the table below:** |
| 4.1 | MOTIVATION |  |
| 4.2 | UNABRIDGED (DETAILED) CURRICULUM VITAE |  |
| 4.3  | CERTIFIED, VALID CERTIFICATES |  |
| 4.4 | CERTIFIED AND VALID IDENTITY DOCUMENTS AND WORK PERMITS WHERE APPLICABLE |  |
| 4.5 | SERVICE/EXPERIENCE ON/OF SIMILAR COMMITTEES OR COUNCILS |  |