

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

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

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

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

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

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.

<b>SIGNED</b>	
<b>DATE</b>	

**2.1 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

<b>ACCEPTORS SIGNATURE</b>	
<b>FULL NAMES:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>CELL NUMBER</b>	
<b>DATE:</b>	

### 3. Quality Partner Details

DATE	
NAME OF QUALITY PARTNER	
EMAIL OF QUALITY PARTNER REPRESENTATIVE	

### 4. Checklist to confirm attachments:

	ATTACHMENT	Tick <input checked="" type="checkbox"/> 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	