



**SAOU KWAZULU-NATAL
VERKIESING 2016
NOMINASIEVORM**

BYLAE A

VOLTOOI ASSEBLIEF DIE VORM VOLLEDIG EN FAKS OF E-POS AAN:

Faks: 086 242 7639 / Epos: leannr@saou.co.za

VOOR OF OP Datum: 9 September 2016 Tyd: 16:00

LET ASSEBLIEF DAAROP DAT NOMINASIEVORMS WAT NA (9 Sept. 2016 om 16:00) ONTVANG WORD, NIE VIR DIE VERKIESING IN AG GENEEM SAL WORD NIE.



**SAOU KWAZULU-NATAL
NOMINASIEVORM
SLEGS SAOU-LEDE KAN GENOMINEER WORD**

**BESONDERHEDE VAN GENOMINEERDE
VIR SAOU PROVINSIALE UITVOERENDE RAAD**

Kring:									
Titel, Voorletters en Van:									
Naam van Skool / Instansie:									
Persalsnommer:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Pos: (byvoorbeeld, Onderwyser, departementshoof, adjunkhoof, hoof, ensovoorts)									
Posvlak: (Posvlak 1, 2, 3, 4, 5)									

VOORSTELLER

Hiermee bevestig ek dat ek bogemelde persoon voorstel as genomineerde vir die SAOU Provinsiale Uitvoerende Raad

Titel, Voorletters en Van:	
Handtekening:	
Datum:	

SEKONDANT

Hiermee sekondeer ek die nominasie van die voorsteller vir bogemelde persoon vir die SAOU Provinsiale Uitvoerende Raad

Titel, Voorletters en Van:	
Handtekening:	
Datum:	

GENOMINEERDE

Hiermee willig ek in om 'n genomineerde vir die SAOU Provinsiale Uitvoerende Raad te wees

HANDTEKENING VAN GENOMINEERDE

DATUM



SAOU KWAZULU-NATAL
VERKIESING 2016
PERSOONLIKE INLIGTING EN ONDERNEMINGSVORM

BYLAE B

VOLTOOI ASSEBLIEF DIE VORM VOLLEDIG EN FAKS OF E-POS, SAAM MET NOMINASIEVORM, AAN:

Faks: 086 242 7639/ Epos: leannr@saou.co.za

VOOR OF OP Datum: 9 September 2016 Tyd: 16:00



SAOU KWAZULU-NATAL
PERSOONLIKE INLIGTING EN ONDERNEMINGSVORM

KANDIDATE WAT GENOMINEER IS VIR SAOU PROVINSIALE UITVOERENDE RAAD

Soos bepaal deur die prosedures vir die verkiesing van Provinsiale Uitvoerende Raadslede van die SAOU moet onderstaande inligting deur die genomineerde voorsien word, sodat dit as 'n "CV" aan alle lede wat aan verkiesings gaan deelneem, beskikbaar gestel kan word.

Kring:									
Titel, Voorletters en Van:									
Naam van Skool / Instansie:									
Persalsnommer:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Pos: (byvoorbeeld, Onderwyser, departementshoof, adjunkhoof, hoof, ensovoorts)									
Posvlak: (Posvlak 1, 2, 3, 4, 5)									
SAOU-lid sedert: (Jaartal)									
Vorige diens in SAOU-strukture: (byvoorbeeld besture, komitees, belangegroepe, ensovoorts)									
Ek aanvaar die verantwoordelikheid as Provinsiale Uitvoerende Raadslid en stel myself beskikbaar vir dienslewering aan lede van die SAOU. Ek is beskikbaar om die SAOU te verteenwoordig by vergaderings en aanvaar dat dit gedurende werkstyd/na ure mag wees.	<table border="1"> <tr> <td align="center">JA</td> <td></td> </tr> <tr> <td align="center">NEE</td> <td></td> </tr> </table>	JA		NEE					
JA									
NEE									
Belangstellingsveld(e) in die onderwys:									

GENOMINEERDE

Hiermee willig ek in om 'n genomineerde vir die SAOU Provinsiale Uitvoerende Raad te wees

HANDTEKENING VAN GENOMINEERDE

DATUM



**SAOU KWAZULU-NATAL
ELECTION 2016
NOMINATION FORM**

Appendix A

PLEASE COMPLETE THE FORM BELOW AND FAX OR E-MAIL BACK TO:

Fax: 086 242 7639/ Email: leannr@saou.co.za

ON OR BEFORE: Date: 9 September 2016 Time: 16:00

PLEASE NOTE THAT NOMINATION FORMS RECEIVED AFTER (9 Sept. 2016 at 16:00), WILL NOT BE CONSIDERED FOR THE ELECTION.



**SAOU KWAZULU-NATAL
NOMINATION FORM
ONLY SAOU MEMBERS CAN BE NOMINATED**

**DETAILS OF THE NOMINEE
FOR THE SAOU PROVINCIAL EXECUTIVE COUNCIL**

Circuit:							
Title, Initials and Surname:							
Name of School / Institution:							
PERSAL Number:							
Post: (eg. Teacher, HOD, Deputy principal, Principal, etc.)							
Post level: (Post level 1, 2, 3, 4, 5)							

PROPOSER

I hereby confirm that I nominate the above mentioned person as nominee for the SAOU Provincial Executive Council

Title, Initials and Surname:	
Signature:	
Date:	

SECONDER

I hereby second the nomination of the above mentioned person for the SAOU Provincial Executive Council

Title, Initials and Surname:	
Signature:	
Date:	

NOMINEE

I hereby agree to be nominated for the SAOU Provincial Executive Council

SIGNATURE OF NOMINEE

DATE



**SAOU KWAZULU-NATAL
ELECTION 2016
PERSONAL INFORMATION AND ACCEPTANCE FORM**

Appendix B

PLEASE COMPLETE THE FORM BELOW AND FAX OR E-MAIL IT BACK WITH THE NOMINATION FORM TO:

Fax: 086 242 7639/ Email: leannr@saou.co.za

ON OR BEFORE: Date: 9 September 2016 Time: 16:00



**SAOU KWAZULU-NATAL
PERSONAL INFORMATION AND COMMITMENT FORM**

CANDIDATES NOMINATED FOR SAOU PROVINCIAL EXECUTIVE COUNCIL

As determined by the procedures for the election of Provincial Executive Council of SAOU the following information must be supplied by the nominee. The CV should be available to all members that participate in the elections.

Circuit:									
Title, Initials and Surname:									
Name of School / Institution:									
PERSAL Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Post: (eg. Teacher, HOD, Deputy principal, Principal, etc.)									
Post level: (Post level 1, 2, 3, 4, 5)									
SAOU Member since: (Date)									
Previous service in SAOU structures: (such as: management, committees, interest groups, etc.)									
I accept the responsibility as the Provincial Executive Council member and make myself available to serve the members of the SAOU. I am available to attend meetings and represent the SAOU Council and accept that this may be during working hours/after hours.	<table border="1"> <tr> <td align="center">YES</td> <td></td> </tr> <tr> <td align="center">NO</td> <td></td> </tr> </table>	YES		NO					
YES									
NO									
Field of interest (s) in education:									

NOMINEE

I hereby agree to be nominated for the SAOU Provincial Executive Council

SIGNATURE OF NOMINEE

DATE