

Private Bag X931, Pretoria, 0001,

268 Lilian Ngoyi Street, Fedsure Forum Building, 1st Floor, Pretoria, 0001

Enquiries: Benny Palime Mobile: 072 525 0711 E-mail: Benny.Palime@dwypd.gov.za

|  |
| --- |
| **NOMINATION FORM FOR THE PRESIDENTIAL WORKING GROUP ON DISABILITY** |

Mr Benny Palime

Director: DWYPD Directorate: A&M

368 Lilian Ngoyi Street

Pretoria

0001

Date: ……./……./……….

**RE: NOMINATION TO SERVE ON THE PRESIDENTIAL WORKING GROUP ON DISABILITY 7TH ADMINISTRATION (PWGD)**

In accordance with the provisions of the White Paper on the Rights of Persons with Disabilities (WPRPD) as approved by the cabinet in December 2015, I (name, surname, and ID number)

Prof/Dr/Ms/Mr

Hereby nominate to be considered for appointment as a member of the Presidential Working Group on Disability 7th Administration.

Has the nominee been contacted by the nominator to determine their interest in being nominated?

 YES NO

If yes above, has the nominee expressed interest in becoming a member of the PWGD

 YES NO

Has the nominee published work (journals, thesis manuals and books) in line with disability inclusions

 YES NO

|  |
| --- |
| **NOMINATOR** **NOMINEE**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Consent by nominee:**

I, the undersigned

Name and Surname

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby consent to be nominated as a member of the Presidential Working Group on Disability

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Further considerations:**

* Nominees will be considered only after the verification of their academic qualifications and their personal details
* Appointment is subject to acceptance of undergoing security vetting.
* Department reserves the right to request for further support documents from nominee.