



NOMINATION FORM

1) NOMINATION FORM FOR PERSON TO SERVE ON THE EXECUTIVE COMMITTEE OF THE SINOVILLE COMMUNITY POLICE FORUM

I,

Full names and surname	
RSA identity number	
Residential address	
Signature of Nominee	

being a Forum member of the Sinoville Community Police Forum (“SCPF”) hereby nominate

Full names and surname	
Identity number:	
Residential address:	

as candidate for the following position on the Executive Committee of the SCPF: (Please mark with an “X”)

1. Chairperson	
2. Deputy-Chairperson	
3. Secretary	
4. Deputy-Secretary	
5. Treasurer	
6. Crime Prevention Officer	
7. Public Relations Officer	
8. Youth and schools Co-ordinator	
9. Training, Standards and Control Coordinator	
10. Criminal Justice System Co-ordinator	
11. Health & Safety Coordinator	
12. Radio Infrastructure Officer	

(Note - where a person is nominated for more than one position, a separate form must be used for each position)

2) CHAIRPERSON OF SUBFORUM

Chairperson of Sector ____ confirm that the abovementioned nominee is a registered member of the Forum, in good standing, and is a bona fide resident within the area of the SCPF Sector ____.

SIGNATURE OF SUB-FORUM CHAIRPERSON	DATE

3) ACCEPTANCE OF NOMINATION

I, _____ hereby accept my nomination to the above-mentioned position.

3.1 I Declare that:

3.1.1 I am a bona fide resident within the area of the SCPF as defined in its Constitution.

3.1.2 I have not been convicted of an offence, as listed in the Criminal Procedure Act, 51 of 1977 in the past ten years, for which I have been sentenced to imprisonment for a period of one year or longer without the option of a fine.

3.1.3 I am registered on the community in blue system and have successfully undergone the applicable SAPS vetting process.

3.1.4 I am not an elected political office bearer.

3.1.5 I understand that should any of the above information provided be false, I will be disqualified from becoming, or remaining an Executive Committee member of the SCPF and I will be removed immediately from my elected position; and

3.1.6 By signing the nomination and acceptance form, I declare that I have read the duties and functions of the position that I am being nominated for, and I have the ability and capacity to perform those responsibilities. I also understand that failing to perform the required responsibilities to the satisfaction and consensus of the majority of the members of the EXCO, I will, on request, vacate the position.

SIGNATURE OF NOMINEE	DATE