

WESTERN CAPE PROVINCIAL PARLIAMENT

**NOMINATION OF A CANDIDATE FOR THE WESTERN CAPE
CULTURAL COMMISSION**

1. CANDIDATE: PERSONAL INFORMATION

1.1 NAME

Surname: _____

Full Name: = _____

ID Number: _____

Current employer: _____

(Please note that in terms of the provisions of the Handbook for the Appointment of persons to boards of state and state controlled institutions, no person employed by the Public Service or public institutions may be appointed to the Western Cape Cultural Commission, including educators, public servants or employees of state controlled institutions)

1.2 ADDRESS

Address: _____

Postal code: _____

E-mail: _____

1.3 TELEPHONE CONTACT NUMBERS

Office: _____

Home: _____

Fax: _____

Mobile: _____

14 QUALIFICATIONS (Attach detailed CV, if necessary)

15 AREAS OF PARTICULAR EXPERTISE AND KNOWLEDGE

The aims of the Western Cape Cultural Commission are to preserve, promote and develop culture in the Western Cape, in accordance with a policy determined by the Provincial Minister.

AREA OF PARTICULAR EXPERTISE AND KNOWLEDGE	Mark with an X where applicable
Performing arts	
Literary arts	
Humanities (history, art, cultural history, culture)	
Involvement of youth in culture	
Cultural industries (cultural tourism, craft, design, etc)	
Other (specify):	

1.6 EXPERIENCE (Please indicate the nominee's specific experience and/or active involvement in culture and how he/she could contribute to the aims of the Western Cape Cultural Commission's aims as set out above)

1.7 AREAS OF INTEREST (Please provide specific and detailed information about how the nominee's interest would assist the Western Cape Cultural Commission to fulfil its aims as set out in 1.5 above:)

1.8 LANGUAGE SKILLS

Language	Understand	Speak	Write	Read
English	<hr/>	<hr/>	<hr/>	<hr/>
Afrikaans	<hr/>	<hr/>	<hr/>	<hr/>
Xhosa	<hr/>	<hr/>	<hr/>	<hr/>
Others (specify)	<hr/>	<hr/>	<hr/>	<hr/>

2. NOMINATOR:

2.1 NAME

Surname: _____

Full names: _____

ID Number: _____

2.2 ADDRESS

Address: _____

Postalcode: _____

E-mail: _____

2.3 TELEPHONE CONTACT NUMBERS

Office: _____

Home: _____

Mobile: _____

Fax: _____

3. DECLARATION BY NOMINEE

I, _____

(name of nominee in block letters) hereby declare that I accept the nomination as candidate for the Western Cape Cultural Commission. I also declare that I understand and meet the requirements for candidates as set out in the nomination notice and that the particulars in this form are true and complete.

SIGNATURE OF NOMINEE

DATE

4. DECLARATION BY NOMINATOR

I, _____

(name of nominator in block letters) hereby nominate the person named above to serve as a member of the Western Cape Cultural Commission.

SIGNATURE OF NOMINATOR

DATE