

## NOMINATION FOR A CANDIDATE TO SERVE ON THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT BOARD OF MANAGEMENT FOR CHILD AND YOUTH CARE CENTRE FOR A PERIOD OF FIVE YEARS 2024 - 2029

Name of Cl	hild and Y	outh C	are C	entre	for t	he no	omin	ation	:								
Name of th	ie person	nomin	ated:	:													
Contact de	tails of no	ominate	ed pe	erson	:												
Tel:																	
Cell:																	
Email:																	
Contact de					rson:												
Cell:										] ] 	1				I	I	
Motivation	for nomi	ination	:									 				<u> </u>	

Signature of the nom Date:	inator:	 	
Signature of the nom	inated:	 	

## **CURRICULUM VITAE**

PERSONAL INFORMATION										
Surname										
First Names										
Date of Birth										
ID number										
Race										
Gender										
Do you have a disability?										
Are you a South African Citizen?										
Telephone Number										
Adress										
OLIALIFIC ATIONS										
QUALIFICATIONS  Name of School Tachnical Col	logo	Llighost guali	fication	abtain	o d	Vaar Ohtainad				
Name of School/ Technical Col	iege	Highest quali	ncation	obtain	eu	Year Obtained				
		Tartiana Falana tian								
Name of Institution		Tertiary Educ		<u> </u>	Year Obtained					
name of institution		Name of Qua	allicatio		Teal Obtained					
						+				
Current study:										
Current study:										
WORK EXPERIENCE (please igr	nore if you	, have attache	d a CV	with th	ese de	etails)				
Employers (including urrent	Post held		From	***************************************	То	2 (3113)	Reason for			
employer)		_					Leaving			
			MM	YY	MM	YY	1			
				A. 5000						
	1									
REFERENCES										
Name	Positio	on		- 1	Conta	ntact				
Signature:										