

## SOCIAL DEVELOPMENT MANAGEMENT STRUCTURE OF AN IN-PATIENT TREATMENT CENTRE FOR A PERIOD OF THREE-YEAR PERIOD: 2024-2026

Name of t	he Trea	atmei	nt Cei	ntre:			 		 		 				
Name of t	he per	son n	omin	ated:	: 										
Contact de	etails o	f non	ninate	ed pe	rson:	:									
Tel:															
Cell:															
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Contact de	etails o	f the	nomi	inatir	ıg pei	rson:									
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Motivatio	n for n	omina	ation	:											
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Signature Date:	e of th	e no	mina	ator:			 	 							
Signature Date:	e of th	e no	mina	ated:			 			 					

## **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										
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QUALIFICATIONS	,	lini i	· C· · · ·	1.1.1	1	V 01 1	· 1			
Name of School/ Technical Coll	ege	Highest qual	ification	ed	Year Obtained					
N. C. C. C. C. C.		Tertiary Educ				V Ob ( ' I				
Name of Institution		Name of Qua	alificatio	n	Year Obtained					
Comment										
Current study:										
WORK EXPERIENCE (please ign	ore if you	ı have attache	d a CV	with the	asa da	tails)	19			
Employers (including urrent	Post held		From	VVILII LIIC	To	talis/	Reason for			
employer)	l ost nek	<b>J</b>	110111				Leaving			
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REFERENCES										
Name	Positio	on		(	Contact					
Signature:										