

**By providing the personal information required here, I consent to my personal information being processed for any lawful purpose, including the facilitation of public involvement in the processes of the Western Cape Provincial Parliament (WCPP), the facilitation of public education and outreach by the WCPP, law-making and oversight by the WCPP, securing the parliamentary precincts, and to coordinate programmes between the WCPP and other stakeholders.**

**NOMINATION FORM**

**FOR THE NOMINATION OF A PERSON TO BE APPOINTED AS THE WESTERN CAPE COMMISSIONER FOR CHILDREN IN TERMS OF THE   
WESTERN CAPE COMMISSIONER FOR CHILDREN ACT, 2019 (ACT 2 OF 2019)**

The Western Cape Commissioner for Children (‘the Commissioner’) is established under the Western Cape Commissioner for Children Act, 2019 (‘the Act’).

The Act provides that the Commissioner must assist the Western Cape Government in protecting and promoting the interests of children in the province. The Act further provides that the Premier must appoint a person as Commissioner for a period of **five years,** which term is renewable once.

The Western Cape Provincial Parliament calls for **nominations by the public** of suitable persons to fill the position of Commissioner by meeting the requirements listed below.

**Requirements of a valid nomination:**

Nominations must be made on the nomination form (Form 1A).

The nomination must include:

1. A detailed motivation for the nomination, highlighting the nominee’s achievements and contributions relevant to the role.
2. A certified copy of the nominator’s identity document.

**Disqualification from nomination:**

A person may not be nominated for or appointed as the Commissioner if that person:

1. Has at any time been convicted of:
   * An offence relating to dishonesty or violence; or
   * A sexual offence as defined in section 1 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act 32 of 2007).
2. Is unsuitable to work with children as contemplated in the Children’s Act, 2005 (Act 38 of 2005).
3. Is an unrehabilitated insolvent.
4. Is not a South African citizen.

**Submission of nominations:**

Nominations should be addressed to:

**The Secretary**  
**Western Cape Provincial Parliament**  
(Attention: Ms W Achmat)  
**PO Box 648**  
**Cape Town 8000**

Alternatively, nominations can be delivered to:  
**Ms W Achmat**  
**Fourth Floor**  
**Western Cape Provincial Parliament Building**  
**7 Wale Street**  
**Cape Town 8001**

Or submitted **via email** to:  
[**wachmat@wcpp.gov.za**](https://mailto:wachmat@wcpp.gov.za/)

**Closing Date:** Nominations must be submitted by no later than **14 March 2025**.

**FORM 1A**

**NOMINATION FORM**

1. **Nominated by:**

|  |  |
| --- | --- |
| Private Person | Organisation |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

1. **Date Nominated:**

Please note that even if the nomination is done by an organisation, particulars of the nominator must be provided.

1. **Organisation (if applicable):**  
   (Provide full name, not abbreviation)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Title (private person or person representing the organisation):**  
   Mr/Ms/Dr/Prof/Other: \_\_\_\_\_\_
2. **Surname (as on ID):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Full Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **RSA Citizen:** Yes / No
5. **ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Contact Details:**

|  |  |
| --- | --- |
| Telephone Number |  |
| Mobile Number |  |
| Email address |  |
| Physical address |  |

1. **Name of person being nominated (Nominee):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Contact details of nominee (email address and mobile number):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Motivation for the nomination, highlighting the nominee’s achievements and contributions relevant to the role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Signature of Nominator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_