

# Provincial Gazette

Free State Province

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## SPECIAL

NO.114	FRIDAY, 17 FEBRUARY 2017	NR.114	VRYDAG, 17 FEBRUARIE 2017
<b>PROVINCIAL NOTICES</b>			
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**[PROVINCIAL NOTICE NO. 355 OF 2016]****INVITATION TO NOMINATE MEMBERS FOR MENTAL HEALTH REVIEW BOARDS**

Mr Butana Komphela, MEC responsible for Health in the Free State Province, in accordance with Section 20(35) of Mental Health Care Act 2002 (Act 17 of 2002), invites nominations for membership of the Free State Mental Health Review Board:

**FUNCTIONS OF THE REVIEW BOARD**

- a) Consider appeals against decisions of the head of the health establishment;
- b) Make decisions with regard to assisted or involuntary mental health care, treatment and rehabilitation services;
- c) Consider reviews and make decisions on assisted or involuntary mental health care users;
- d) Consider 72 Hours assessment made by the head of health establishment and make decisions to provide further involuntary care, treatment and rehabilitation;
- e) Consider applications for transfer of mental health care users to maximum security facilities; and
- f) Consider periodic reports on the mental health status of mentally ill prisoners.

**NOMINATIONS**

- a) A person may not nominate her/himself.
- b) Nominations must be accompanied by:
  - ❖ A written note of acceptance of the nomination by the nominee.
  - ❖ Curriculum vitae of the nominee that at least include full contact details, qualifications and the names of at least three references. In the case of the mental health care practitioner, attach proof of qualifications.
  - ❖ In the case of an advocate, proof of qualifications and of admission must be included.
- c) Nominees may be asked to attend an interview.
- d) Nominees will be advised in writing on the outcome of the nomination.

**TERM OF OFFICE**

- a) The term of office of members of the review board is (3) three years.
- b) A member of the review board may be nominated and appointed for another term of office.
- c) Meetings of the Board will in general take place at a place where the member is appointed.
- d) All the members will be required to attend training to prepare for their role.
- e) Appointment is on part-time / full time basis.

**COMPOSITION OF THE REVIEW BOARD**

Nominations of South African citizens aged 21 years or older and resident of the Free State Province are invited in three category membership according to the criteria as indicated below:

- A. **Mental Health Care practitioner** with current registration with the relevant council as a:
  - a) **Psychiatrist or Medical Practitioner**
  - b) **Psychiatric nurse**
  - c) **Psychologist**
  - d) **Occupational therapist** with five years experience in Mental Health services or
  - e) **Social worker** with five years experience in Mental Health services
- B. **A legal practitioner** with appropriate professional qualifications and admission in terms of the Laws of the Republic of South Africa as a:
  - a) Magistrate
  - b) Attorney
  - c) Advocate
- C. **A community Member**  
Basic understanding of the South African Mental Health System and may be a member of any Hospital Board.

**RENUMERATION**

Members of the Board will be remunerated according to the rates determined by the MEC: Health

**CLOSING DATE**

The closing date for nominations is **Thursday 17<sup>th</sup> March, 2017**

Forward the nominations to:

**The Department Head**  
 (For attention: Me N. Leshotho)  
 Free State Department of Health  
 Bophelo House, 3rd Floor, Block C – East,  
 CNR Harvey & Charles Street  
 P.O.Box 227  
 BLOEMFONTEIN  
 9300  
 Fax to Mail: 0865074175

Enquiries may be directed to Me N. Leshotho, Tel: 051 408 1897

**NOMINATION FORM**

I ..... (Full names & surname) hereby nominate..... (Full names & surname) to be appointed as a member of Mental Health Review Board for..... under the category of

(Please tick appropriate box)

- a) Mental Health Care Practitioner or
- b) Legal Practitioner or
- c) Community member.

Signature:.....

Date:.....

Place:.....

**ACCEPTANCE OF NOMINATION**

I..... (Full names & surname) hereby accept the nomination to be appointed as a member of Mental Health Review Board for.....under the category of (Please tick appropriate box)

- a) Mental Health Care Practitioner or
- b) Legal Practitioner or
- c) Community member.

I will submit this form with my curriculum and qualifications to the person indicated on the Government Gazette, on or before the closing date.I will also make myself available for an interview if requested.

**Signature:**.....

**Date:**.....

**Place:**.....

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