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NO. 67	FRIDAY, 21 SEPTEMBER 2018	NR. 67	VRYDAG, 21 SEPTEMBER 2018
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[PROVINCIAL NOTICE NO. 96 OF 2018]**DEPARTMENT OF HEALTH****INVITATION TO NOMINATE MEMBERS FOR MENTAL HEALTH REVIEW BOARDS**

Honorable M. Tsiu (MPL) 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.
- c) In the case of the mental health care practitioner, attach proof of qualifications.
- d) In the case of an advocate, proof of qualifications and of admission must be included.

Nominees may be asked to attend an interview.

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 the two (2) 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.
- f) B. A legal practitioner with appropriate professional qualifications and admission in terms of the Laws of the Republic of South Africa as
 - a:
 - √ Magistrate
 - √ Attorney
 - √ Advocate

REMUNERATION:

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

“CLOSING DATE”

The closing date for nominations is **10th October 2018.**

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

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

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:

EXTENSION: INVITATION - APPLICATIONS FOR BOOKMAKER LICENCES

The Free State Gambling, Liquor and Tourism Authority ("the Authority"), hereby extends the invitation for applications in terms of section 78(1) of the Free State Gambling, Liquor and Tourism Act no 6 of 2010 as amended for bookmaker licences In Free State Province.

The Request for Applications (RFA) setting out the Authority's requirements in more detail have been available at the office of the Authority, 111 Zastron Street, Westdene, Bloemfontein, 9301, as from 31 August 2018, to interested parties upon payment of a non-refundable fee in the amount of **R 2 500.00** (two thousand five hundred Rands).

Payments must be made by Electronic Funds Transfer (EFT), into the Authority's bank account, the details of which are as follows:

Name of Account Holder:	Gambling Account
Bank:	Standard Bank
Account Number:	253096944
Branch Code:	055534
Reference:	FSGLTA/078/RFA

No cash or cheques will be accepted. Proof of payment must be provided upon collection of the RFA and reflect in the Authority's bank account.

The **closing date for submission** of applications is hereby extended to: **15h00 on 31 October 2018.**

All enquiries may be directed to the Chief Executive Officer.
 Telephone (051) 404 0300, Facsimile (051) 404 0322
 Email: officeofceo@fsglta.gov.za