RCSSA EXECUTIVE COMMITTEE ELECTIONS 2026

NOMINATION FORM

RCSSA
We Care We Treat We Teach
309-768 NPO

INFORMATION

1. Term of Office: 2026–2030
2. Number of positions available: Six (6) Executive Committee Members
3. Email completed form to: secretary@renalcaresoc.org
4. Closing Date: 31 August 2026 at 12:00 (SAST)
5. This form must be completed **in full.** Incomplete forms will be rejected.
6. Electronic signatures are accepted.
7. Constitution Reference: Article VII – RCSSA Constitution
8. Eligible members will receive an email with voting instructions. Voting will be conducted electronically via the RCSSA Member Portal between **7–11 September 2026**.

ELIGIBILITY REQUIREMENTS

1. The Society shall elect from the list of full members, six members to serve for a period of four years.
2. Nominators and nominees must be fully paid-up ordinary members in good standing.

PRIVACY STATEMENT

Personal information collected on this form will be used solely for administering the 2026 RCSSA Executive Committee election and managed in accordance with the Protection of Personal Information Act (POPIA).

NOMINATOR DETAILS

I hereby propose the nomination of the below-named candidate to the RCSSA EXCO:

Full name	
RCSSA Membership No.	
Contact No.	
Email	

_____ _____

Nominator signature Date

SECONDER DETAILS

I hereby second the nomination of the below-named candidate to the RCSSA EXCO:

Full name	
RCSSA Membership No.	
Contact No.	
Email	

_____ _____

Seconder signature Date

NOMINEE DETAILS

Full name	
RCSSA Membership No.	
Contact No.	
Email	

Please attach:

☐ Head-and-shoulders photograph

☐ Biography (maximum 300 words). Please include:

- Current position/s
- Achievements
- Nephrology experience
- Skills
- Vision for RCSSA

DECLARATION

Nominee Declaration

I declare that:

□ I consent to and accept the nomination to be appointed as an EXCO member of the RCSSA.
□ I am a fully paid-up ordinary member of the RCSSA.
□ I meet all eligibility requirements contained in Article VII of the RCSSA Constitution.
□ I am willing to serve a four-year term if elected.
□ I agree to uphold the Constitution, Code of Conduct and values of the RCSSA.
□ I consent to my biography and photograph being published during the election period.

Conflict of Interest Declaration

Do you have any actual or potential conflicts of interest that should be declared?

☐ No

☐ Yes (please specify)_____

_____ _____

Nominee signature Date

For office use only:

Received date:_____ Received by:_____

Nominator Verified: ☐ Yes ☐ No Seconder Verified: ☐ Yes ☐ No	Nominee Verified: ☐ Yes ☐ No Nomination Accepted: ☐ Yes ☐ No