

**NOMINATION FORM**  
**1<sup>st</sup> EMPLOYMENT EQUITY**  
**AWARDS**  
**2015**



**TURNING OVER A NEW LEAF AGAINST ALL ODDS**



## NOMINATION FORM

### INSTRUCTIONS

The following are instructions for the completion of this nomination form:

In this nomination form the term “Company or Organisation” is used to refer to Designated Employers, including those that voluntarily comply with the Act; in particular Chapter 3 of the Act.

1. Participants must complete all sections of the nomination form
2. Participants must complete the nomination form (fully and accurate) and where “YES” is indicated, provide supporting information or evidence as a schedule or annexure with the relevant heading
3. Any annexure, supporting information and evidence must be numbered as per each section of the nomination form
4. All supporting documents must be submitted in hard copies
5. The completed nomination form must be signed by the Chief Executive Officer/ Accounting Officer
6. Should the employer have an enquiry regarding the completion of the nomination form, please contact:

#### THE DEPARTMENT OF LABOUR

Address: Room 105, Laboria House,  
215 Francis Baard Street, Pretoria, 0001

Contact Person: Themba Nkosi

Tel.: 012 309 4721/ 4034 / 4331

Fax: 086 276 9330

E-mail: [genius.nkosi@labour.gov.za](mailto:genius.nkosi@labour.gov.za)  
[niresh.singh@labour.gov.za](mailto:niresh.singh@labour.gov.za)

**NB. The nomination form must be  
delivered to the above address**



# NOMINATION FORM

## SECTION A: EMPLOYER DETAILS

Trade name:

DTI registration name:

DTI registration number:

PAYE/SARS number:

UIF reference number:

EE reference number:

Seta classification:

Industry/Sector:

Postal address:

Postal code:

City/Town:

Province:

Physical address:

Postal code:

City/Town:

Province:

### DETAILS OF CEO/ACCOUNTING OFFICER

Name and surname:

Telephone number:

Fax number:

Email address:



# NOMINATION FORM

## DETAILS OF EMPLOYMENT EQUITY SENIOR MANAGER

Name and Surname:

Telephone number:

Fax number:

Email address:

### BUSINESS TYPE *(please tick x)*

- |  |  |
|--|--|
| <input type="checkbox"/> Private Sector          | <input type="checkbox"/> State Owned Enterprise  |
| <input type="checkbox"/> National Government     | <input type="checkbox"/> Provincial Government   |
| <input type="checkbox"/> Local Government        | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Non-profit Organisation |  |

### INFORMATION ABOUT THE ORGANISATION

Number of employees in the organisation

<input type="checkbox"/> 0 to 49
<input type="checkbox"/> 50 to 149
<input type="checkbox"/> 150 or more

Is your organisation an organ of State?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Is your organisation part of a group / holding company?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes, please provide the name of the holding company



# NOMINATION FORM

## SECTION B: ASSIGNMENT OF SENIOR EE MANAGER (S)

Did you assign a senior manager(s) in terms of section 24?

- Yes                       No

*If yes, please provide proof detailing the assignment of responsibilities as outlined. [e.g. letter of assignment detailing responsibilities and mandate or the performance contract of the Assigned EE Manager].*

## SECTION C: CONSULTATION

Does your organisation consult employees on EE in terms of section 16 read with section 17 of the EEA?

- Yes                       No

*If yes, please provide proof in relation to the composition of the consultative forum, signed attendance registers, agendas and set of minutes covering the previous twelve months.*

## SECTION D: EMPLOYMENT EQUITY ANALYSIS

Did your company conduct an analysis of the workforce, policies, procedures, practices and the work environment in terms of section 19?

- Yes                       No

*If yes, please provide documentary proof in the form of report(s) detailing the outcome of your analysis as per EEA12. Please note that presentation slides or copies of employment policies will NOT be accepted.*

## SECTION E: EMPLOYMENT EQUITY PLAN

Does your organisation have a current employment equity (EE) plan in terms of Section 20, which includes affirmative action measures?

- Yes                       No

*If yes, please provide a copy of a current Employment Equity Plan as per EEA13.*

## SECTION F: EMPLOYMENT EQUITY REPORT

Did your organisation report successfully to the Department of Labour for the past three reporting cycles (2014, 2012 and 2010)?

- Yes                       No

*If yes, please provide copies of the acknowledgement letters for successfully reporting to the Department of Labour (2014, 2012 and 2010).*



# NOMINATION FORM

## SECTION G: PUBLICATION OF REPORT

Did your organisation publish a summary of a report required by Section 22 in your annual financial report/annual report tabled in Parliament?

- Yes  No

*If yes, please submit a copy of the Annual Financial Report/Annual Report tabled in Parliament.*

## SECTION H: DUTY TO INFORM

Did your organisation display any notice informing employees about the provisions of the Employment Equity Act or the most recent report submitted in terms of Section 25?

- Yes  No

## SECTION I: DUTY TO KEEP RECORDS

Did your organisation establish and, for the prescribed period, maintain records in respect of its workforce, its employment equity plan and any other records relevant to its compliance with Section 26 of the Employment Equity Act?

- Yes  No

## SECTION J: ENFORCEMENT AND DISCRIMINATION CASES

Did a labour inspector secure a written undertaking to your organisation in terms of section 36 of the Employment Equity Act?

- Yes  No

Did a labour inspector secure a compliance order to your organisation in terms of Section 37 of the Employment Equity Act?

- Yes  No

Was your organisation referred to the CCMA in relation to unfair discrimination dispute in terms of Employment Equity Act?

- Yes  No

*If yes, please provide the brief details of the unfair discrimination dispute?*

Was your organisation referred to the Labour Court in relation to unfair discrimination in terms of the Employment Equity Act?

- Yes  No

*If yes, please provide the case number and the brief details of the case.*

Is there any unfair discrimination case(s) pending against your organisation at the CCMA or the Labour Court?

- Yes  No

*If yes, please provide a summary report of the case.*



# NOMINATION FORM

## SECTION K: SIGNATURE OF CHIEF EXECUTIVE OFFICER/ACCOUNTING OFFICER

Chief Executive Officer/Accounting Officer

I \_\_\_\_\_  
*(full name) CEO/Accounting Officer of*

\_\_\_\_\_  
*(name of company/organisation)*

hereby declare that I have read, approved and authorised this information.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ (month) year \_\_\_\_\_

At (place): \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Chief Executive Officer /Accounting Officer





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PROMOTE EQUAL  
PAY FOR WORK OF  
EQUAL VALUE - DOES  
RACE, GENDER AND  
DISABILITY MATTER?



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**labour**

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Department:  
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