

**LOCUM REGISTRATION FORM**

For office use only

Employee number \_\_\_\_\_

**1. PERSONAL INFORMATION**

Title & Surname \_\_\_\_\_

First Name \_\_\_\_\_

Gender: Male  Female  Race: Indian  White  Coloured  African

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Postal Address \_\_\_\_\_

Mobile no \_\_\_\_\_ Email \_\_\_\_\_

Home no \_\_\_\_\_ Marital Status \_\_\_\_\_

ID Number \_\_\_\_\_ SARS Tax Number \_\_\_\_\_

Nationality \_\_\_\_\_ Do you have a work permit? Yes  No

Country of issue for passport \_\_\_\_\_ Date of Issue \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**2. NEXT OF KIN/ EMERGENCY CONTACT DETAILS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Mobile no: \_\_\_\_\_

**3. BANKING DETAILS**

Bank Name \_\_\_\_\_

Type of Account \_\_\_\_\_

Account Number \_\_\_\_\_

**PAYMENTS**

Are done directly into the locum's account via EFT.

Done weekly/monthly as per client agreement

I confirm that I do not have permanent employment and that my remuneration should be taxed according to Tax tables.

I confirm that I do have permanent employment and understand that my remuneration will be taxed at 25% as per Tax Laws.

**4. PROFESSION, MEMBERSHIP AND QUALIFICATIONS DETAILS**

Profession \_\_\_\_\_ Date of Registration \_\_\_\_\_

Additional Qualification/s \_\_\_\_\_

Name of Indemnity \_\_\_\_\_ Member no: \_\_\_\_\_

**5. WORK AVAILABILITY**

**What specialties would you prefer to work in (In order of Preference)?**

Specialty 1 \_\_\_\_\_ Specialty 2 \_\_\_\_\_

Other \_\_\_\_\_

**Geographical Regions**

GP

PTA

MP

KZN

Specific area within province (e.g. Pretoria)/ **other** \_\_\_\_\_

**6. JOB AND EXPERIENCE**

**Info:** Please list your jobs with the most recent at the top.

Employer Name	Job Role	Dates	Reason for leaving

## 7. ATTACHMENTS

To enable us to process your registration as soon as possible, please include copies of the following documents when returning the form:

1. **Complete Registration Form**
2. **Copy of ID/ Passport and Work Permit**
3. **Copy of Degree/ Diploma ( Additional Qualifications)**
4. **Copy of Membership Certificates**
5. **Proof of Indemnity**
6. **Letter from the bank to confirm banking details**
7. **Tax Certificate**

1. It is recorded that the Locum Candidate shall be employed by Pronursing Agency in terms of the fixed period and no expectation of continued placement is created as the placement will terminate automatically at the expiry of the Locum Placement.
2. The Locum Candidate shall be placed at one of Pronursing Agency's Clients premises and the Registration Form will still govern your employment with the Agency to be placed with other Clients whenever there is employment.
3. I confirm that induction was done with me and I was handed out an induction booklet.

I, \_\_\_\_\_ ID Number, \_\_\_\_\_

**Declare that all the above information is correct and understand that misleading information given may be considered as grounds for withdrawal of future work being offered by Pronursing Agency .**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_