PHC 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 Employee account via EFT.

Done weekly/monthly as per client agreement

4. PROFFESION, MEMBERSHIP AND QUALIFICATIONS DETAILS

Profession ______________________________ Date of Registration __________________

Additional Qualification/s ____

Dispensing License _________________________ SANC no: _______________________

5. WORK AVAILABILITY

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

Specialty 1 ____________________________ Specialty 2 ______________________________

Other ____

Geographical Regions

GP	FS	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 SANC Qualifications (e.g Nimart or Clinical Nursing)**
4. **Copy of Membership Certificates (SANC)**
5. **Dispensing Course or Licence**
6. **Detailed CV with contactable references**
7. **Tax Certificate**

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 Clinics.

Signature______________________________________ **Date:** _______________________________