

APPLICATION & INSTRUCTION FORM

WE SPECIALIZE IN THE PLACEMENT OF MEDICAL STAFF

PLEASE NOTE: JorDan HR (Pty) Ltd is not authorised to book or make payments to *any unqualified* Locum or Temp Professional

NB: IT IS UP TO THE PROFESSIONAL TO ANNUALLY SUBMIT THEIR PROOF OF REGISTRATION

Thank you for submitting your CV/Details in order for us to assess your suitability for open assignments/positions. We will retain all of your details in our database in accordance with our Protection of Personal Information Policy and will be in contact should a suitable position/assignment become available. You have the right to "opt-out" of electronic communications from us at any time and you also have the right to request us to delete your information by sending your consultant an email.

REGISTER WITH JORDAN HUMAN RESOURCES TODAY

Please specify Medical Category: Doctor/Psychiatrists etc.	
Please specify Pharmaceutical Category:	
Please specify Nursing Category: Registered Nurse	
Please specify Healthcare Professionals Category: Dental Assistant/Occupational Technician etc.	

Complete, tick or circle applicable:

Title (Mr. / Mrs. / Ms):		Married:	Y		N	
Full Name:		Surname:				
Language Proficiency:		Level of Proficiency: (Fluent/Good/Fair)	Verbal		Written	
Driver's License:		Own Transport:	Y		N	
Preferred Name:		Health:				
Cell Number:		Race:	A	I	C	W
Alternative Number:		Gender:	M		F	
Registration Number:	Health Professions Council (HPCSA)	Pharmacy Council (SAPC)	Nursing Council (SANC)	Highest Qualification: (Please provide proof)		
Identity Document No / Passport No:			Income Tax Number: Are you registered as a provisional tax payer?			
Are you a permanent resident in RSA? Attach work permit if not			Are you permanently employed Yes / No? If yes, with who?			
Email Address:			Computer Packages: Unisolve / Allegra / SAP/Marconi etc.			
Availability? Weekdays / Weekends / All?						

Professional Indemnity Policy Number: (NB: Provide Proof)		Do you give us consent to do registration / criminal / credit and education checks?	Y		N	
Do you give us consent to add you to the JorDan HR Locum / Temporary Assignments group via e-mail/WhatsApp?	Y		N			
Areas that you prefer to work in?						
		May we undertake reference checks with your previous employers? If NO, why?	Y		N	
Name of Referee	Company	Telephone Number				
Physical Address:	House number:					
	Street Name and Suburb:					
	City and Postal Code:					
Postal Address:						

Banking Details for Payment

Should your banking details change please immediately notify JorDan HR of your updated details via electronic mail or facsimile. Please thereafter contact JorDan HR telephonically to ensure that we have received your request to change your banking details.

Account Holder	
Bank	
Account Number	
Branch	
Branch number	
Account type (savings, cheque etc.)	

When completed, please send this Application form to us together with copies of the following:

1. Your CV (Preferably Word format)
2. Proof of your registration of your South African Pharmacy Council / South African Nursing Council Registration or HPCSA Registration
3. Copy of your highest qualification;
4. Copy of your Identity Document/Passport;
5. Valid Work Permit (if applicable); and
6. Professional Indemnity Cover

Please note that JorDan HR does not accept any Locum or Temporary Employee over the age of 65 due to the stipulations of our own Professional Indemnity Cover with regards to retirement age.

Please note further that you are required to inform your JorDan HR consultant immediately should a Client to whom we have introduced you (either through locuming or temping, by sending your CV or via an interview) approach you directly within a 12 month period from introduction, for any position. This is in order to assist JorDan HR in obtaining any charges owed to them by its Client/s. Should you fail to notify JorDan HR, then JorDan HR shall recover from you any commission that it would have earned as a result of your employment. Likewise please note that you are not permitted to approach the Client to whom we have introduced you, within a 12 month period, without our prior consent.

I, the undersigned, hereby warrant that the above information supplied by me is true and correct, that I have read and agree that I understand and accept the above.

Signed at _____ on this _____ day of _____ 20_____.

Independent Contractor Locum / Temporary Employee Signature

PAYROLL & GENERAL INSTRUCTIONS TO JORDAN HUMAN RESOURCES

I, the undersigned: _____ ID no: _____

Physical address: _____

E-mail address: _____

Hereby acknowledge and instruct JorDan Human Resources as follows:

Independent Contractors	TES Candidate
JorDan Human Resources offers various locum assignments and I acknowledge that I am independent of JorDan Human Resources and its Client/s. I agree to accept the service offered by JorDan Human Resources to make deductions from the monies due to me in respect of Independent Contractor income tax at 25% (SARS regulated tax rate) and to make payment on my behalf of same to the South African Revenue Services	Working hours will vary from client to client and from assignment to assignment. Working hours will be communicated prior to commencement of any assignment. JorDan HR is in the business of assigning temporary workers to its Clients, for the purpose of providing a service to the Client, for a temporary period determined by the Client
I agree that JorDan Human Resources, for the services in respect of the deductions for income tax on my behalf, shall not render a charge	JorDan HR is required to deduct from my remuneration certain amounts prescribed by law i.e. deductions under the PAYE system and compulsory contributions to the Unemployment Insurance Fund
I further accept the service that JorDan Human Resources will forward to me an IRP5, annually, which shall be sent to my e-mail address as set out herein above	JorDan HR will forward to me an IRP5, annually, for tax deducted as per the e-mail address as set out herein above
I acknowledge that as an Independent Contractor, JorDan Human Resources shall not be entitled to make any deduction or payment on my behalf in respect of the Unemployment Insurance Fund	A provision for leave pay is included in the rate of pay and due to the nature of temporary employment, maternity leave is not applicable
I understand that as an Independent Contractor, I am not entitled to leave or payment in lieu of leave of any sort from JorDan Human Resources	I hereby irrevocably confirm that my Income Tax affairs is my own full responsibility and that JorDan HR will not be held liable for any tax responsibilities
I confirm that as an Independent Contractor it is my responsibility to ensure that I have, in my personal capacity, adequate Professional Indemnity Insurance cover as is appropriate for my profession and that I have sent proof of same to JorDan HR	Timesheets are used to calculate weekly remuneration. TES candidates are obliged to confirm that the designated signatory in the Client's office has signed the timesheet. The candidate MUST sign their own timesheet before handing the timesheet in for processing. Incomplete or incorrectly completed timesheets could result in not receiving payment
<p><u>Important notice to ALL Locum Medical Professionals representing JorDan HR:</u> You acknowledge that you are an Independent Contractor who is, from time to time, engaged to perform Pharmacist/Nursing-related activities for JorDan HR's Client/s and you are therefore not an employee of either JorDan HR or its Client/s. You hereby indemnify JorDan HR and its Client/s against any claim or loss resulting from negligence or willful misconduct arising from actions taken or lack thereof by yourself during the course of your engagement with JorDan HR and its Client/s. Please note that it is compulsory that you have valid Professional Indemnity Insurance to cover the exigencies that may occur during negligent dispensing/administering of medicine.</p>	TES Candidates are required to contact their consultant immediately, or at least 48 hours before the next shift if and when the candidate: <ul style="list-style-type: none"> • Becomes ill or suffers any injury whilst on an assignment • Is late or cannot report for work • Has a problem or query regarding the assignment • If the duties of the assignment has changed • Experience a change in his/her medical condition, or state of health that could impact the ability to carry out assignments TES Candidates undertakes to familiarize themselves with specific procedures upon taking up duties for each assignment. TES Candidates agree to accept that each assignment is of a temporary nature and that no benefits or conditions applying to permanent employees of the Client or JorDan HR will apply to them

I confirm that I have signed this document out of my own free will having read and understood the contents hereof. I acknowledge that I was given an opportunity to obtain legal advice in respect of the contents hereof. The signing of this document constitutes a legally binding document and will supersede any other documents previously entered into.

THUS DONE and DATED at _____ on this the _____ day of _____ 20__

 Independent Contractor Locum / TES Candidate Signature

 (Insert name)