

**REGISTER WITH JORDAN HUMAN RESOURCES TODAY
WE SPECIALIZE IN THE PLACEMENT OF MEDICAL STAFF**

APPLICATION & INSTRUCTION FORM

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 AND INCLUDE REG NR ON THIS APPLICATION*

We will retain all 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.

Protection of Personal Information act no.4 of 2013

Personal Information:

1. By submitting any personal information to the Company, the Independent Contractor, and Temporary Assignee unconditionally and voluntarily, consents to the processing of the submitted personal information for all purposes related to employment agreement which may include, but is not limited to:
 - Collecting, organising, processing, and storing personal information for the business interests of the Company, as well as for the benefits of the Independent Contractor, the Temporary Working Assignee, and the Company
 - Utilising personal information for screening, training and development, performance monitoring, career management, administration, Independent Contractor and Temporary Assignee, relationship issues, termination of contract and any other contract-related purposes
 - Sharing personal information with third parties, such as fund and insurance administrators and government departments. In certain circumstances personal information may be shared across borders when sharing the information with third parties
 - Distributing relevant personal information when legally required to do so
 - For the Company to fulfil its obligations in terms of the Independent Contractor and Temporary Assignee agreement
2. The parties agree to update, from time to time, any personal information supplied to each other, which may or has changed. The parties cannot be held liable for any loss caused by any of the parties' failure to update and/or correct the personal information supplied to each other, by any of the parties
3. The parties' consent to the other party sharing the personal information (including but not limited to its group companies) for the purposes of this agreement and/or any other legitimate interests of the parties
4. The Independent Contractor and Temporary Assignee is hereby informed that the personal information as shared with the Company may be transferred to a third party for the Company to fulfil its obligations under this agreement
5. Should the Independent Contractor and Temporary Assignee's personal information be shared cross border, the personal information will not be subject to less protection than it enjoys in terms of South Africa's data privacy laws

Thank you for submitting your CV/details for us to assess your suitability for open assignments/positions, kindly complete or tick all fields below:

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



Title (Mr. / Mrs. / Ms):		Married:		Y		N	
Full Name:		Surname:					
Language Proficiency:		Level of Proficiency:		Verbal		Written	
		(Fluent/Good/Fair)					
Driver's License:		Own Transport:		Y		N	
Preferred Name:		Health:					
Cell Number:		Race:		A		I	
Alternative Number:		Gender:		M		F	
Professional Council:		Health Professions Council (HPCSA)	Pharmacy Council (SAPC)	Nursing Council (SANC)	Highest Qualification: (Please provide proof)		
Registration Number: →							
Identity Document No / Passport No:		Date of Birth:		Income Tax Number: →			
Are you a permanent resident in RSA? Attach work permit if not		Are you permanently employed?		Y		N	
Email Address:		If yes, where?					
Availability? Weekdays / Weekends / All?		If yes, have you obtained permission to work as a Locum?		Y		N	
Computer Packages: Unisolve / Allegra / SAP/ Marconi etc.		If yes, from whom did you obtain permission to work as a Locum?					
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	What companies have you done locum/temp work for?		
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	FNB	ABSA	NEDBANK	STANDARD BANK	CAPITEC
Account Number					
Branch					
Branch number					
Account type (savings, cheque etc.)	SAVINGS ACCOUNT		CHEQUE ACCOUNT		

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 Assignee 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 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 because 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 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. I furthermore 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.

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

Independent Contractor Locum / TES Assignee Signature

(Insert name)



PAYROLL & GENERAL INSTRUCTIONS TO JORDAN HUMAN RESOURCES

I, the undersigned: _____ ID no/Date of Birth: _____

I, hereby acknowledge and instruct JorDan Human Resources as follows:

<u>Independent Contractors</u>	<u>TES Assignee</u>
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></p> <p>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 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>	<p>TES Candidates are required to contact their consultant immediately, or at least 48 hours before the next shift when the candidate:</p> <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 have changed ▪ Experience a change in his/her medical condition, or state of health that could impact the ability to carry out assignments <p>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</p>

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

Independent Contractor Locum / TES Assignee Signature _____

(Insert name) _____

