

Employment Number: \_\_\_\_\_

Agent \_\_\_\_\_



**Professional Medical Staff Placements**

**GAUTENG HEAD OFFICE**

3 Pumice Ave, Dersley Park Springs  
Tel : 011 366 1693/4  
Fax to Email : 086 770 9243  
Duty Number : 083 297 0070

**DURBAN OFFICE**

2313(23<sup>rd</sup> Floor) Commercial City  
40 Dr AB Xuma Road, Durban  
Tel : 031 301 2033  
Fax to Email : 086 465 4533  
Duty Number : 083 297 0070

Email : registrations@va-agency.co.za  
Email : victor@va-agency.co.za

**1. PERSONAL DETAILS:**

Title \_\_\_\_\_ Mr  Mrs  Miss  Prof  Dr

Surname \_\_\_\_\_ Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

ID Number/Passport Number \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Disability (PLEASE SPECIFY) \_\_\_\_\_  
email address (if applicable) \_\_\_\_\_

**2. EMPLOYMENT STATUS & OCCUPATIONAL DETAILS**

Permanent  Not-Permanent  Pensioner  Other

Occupation \_\_\_\_\_

Rank / Qualification \_\_\_\_\_

SANC / Reference Number \_\_\_\_\_

TAX Number \_\_\_\_\_

**3. Relative / Friend Contact Details**

Name & Surname \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**4. BANKING DETAILS**

Account Holder \_\_\_\_\_

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

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

Branch Code \_\_\_\_\_

**5. ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. EMPLOYMENT REFERENCES**

Hospital \_\_\_\_\_ Hospital \_\_\_\_\_

Years Employment \_\_\_\_\_ Years Employment \_\_\_\_\_

Ward/Unit \_\_\_\_\_ Ward/Unit \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

## 7. Clinical Experience

GENERAL WARDS	YEARS / MONTHS	MATERNITY	YEARS / MONTHS	INTENSIVE CARE	YEARS / MONTHS
Medical		Gynaecology		Medical	
Surgical		Labour Ward		Surgical	
Orthopeadics		Ante/Post-Natal		Neuro	
Paediatrics		Nursery		Paediatrics	
Oncology		Milk Room		Neonatal	
Renal		Others		C.T.ICU	
Psychiatry / Rehab				CCU	
THEATRE	YEARS / MONTHS	ER / CASUALTY	YEARS / MONTHS	HIGHCARE	YEARS / MONTHS
Scrub		Trauma		Adult	
Floor		Medical / Emergency		Neonatal	
Anaesthetics		Other		Paediatrics	
Recovery		Day Hospital			
Other		Paramedics			
		Administration			
OPD		Porter / Cleaner			

### **ENROLMENT AND PLACEMENT SUBJECTED TO ADHERENCE OF THE FOLLOWING CONDITIONS:**

#### **1. APPLICATION**

- Certified copy of the current SANC receipt and renewal on 31 March each year.
- Copy of professional indemnity.
- Copy of identity document.
- SANC registration Certificate & All other Certificates.
- Curriculum Vitae (CV)

#### **2. PAYMENT OF SERVICES RENDERED**

- Under NO circumstances will nursing personnel receive any payment directly from the client.
- Payments for services rendered will be deposited directly into your bank account on a weekly basis (in arrears).
- Pay-slips will be available on request and can be obtained from the V & A Nursing Agency offices during office hours 08h00 until 16h00.
- The rates of payments which apply to you are dictated by the client and V & A Nursing Agency merely runs the payroll accordingly.

#### **3. DEDUCTIONS.**

##### **Nursing Act Services Levy**

- Regulation 32 10/01/64 of the Nursing Act requires the 'Nursing Agency' V&A Agency, to deduct a service fee as per the provisions of the Act. The assignee, therefore, agrees that in terms of the Nursing Act it remains a lawful deduction.

##### **Other**

- The assignee hereby authorizes V&A Agency to make any lawful deduction from their earnings in terms of Law, Collection Agreement, Court Order of Arbitration Award.

### **PLEASE NOTE:**

- All changes of Qualification, Employment status and Bank details is your own responsibility **PLEASE KEEP IT ALL UPDATED.**

### **6. ACCEPTANCE OF V&A NURSING AGENCY CONDITIONS OF SERVICE.**

I, \_\_\_\_\_ hereby confirm that I have received the following documentation:

- HR Policy
- Name Tag – signature.

I further agree that the onus is on me to request V & A to clarify any issues pertaining to the above documentation should they be unclear to me. I also give V & A authorization to deduct any monies as per the receiving Cancellation Policy,

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

Exam Results: \_\_\_\_\_