**THANK YOU FOR YOUR ENQUIRY AND INTEREST IN PROCARE.**

**Please provide us with the following details to enable us to consider your suitability for possible service opportunities at PROCARE.**

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| PERSONAL Information | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name:** |  | | | | | | | First Name(s): | | | | |  | | | | | | | | | | | Prefix /  Title: | |  | |
| **Residential Address:** |  | | | | | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Business / Practice**  **Address:** |  | | | | | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Postal Address:** |  | | | | | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Identity Number:** |  | | | | | Date of Birth: | | | | YYYY / MM / DD | | | | E-mail Address: | | | |  | | | | | | | | | |
| **Mobile Number:** |  | | | Alternative Number: | | | | | | | |  | | | | Land line Number: | | | | | | |  | | | | |
| **Gender:** |  | | | Race: | | | | | | | |  | | | | Religion  (if applicable): | | | | | | |  | | | | |
| **Marital Status:** |  | | | Health (E.g. Poor, Good, Excellent): | | | | | | | | | | | |  | | | | | | | | | | | |
| **Please indicate your Registration with Professional Councils and /or other Affiliations (E.g. HPCSA, SACSSP, SAASWIPP,SAMA) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Professional Body (1): | |  | | | | | | | | | | | | Registration Number: | | | | | |  | | | | | | | |
| Name of Professional Body (2): | |  | | | | | | | | | | | | Registration Number: | | | | | |  | | | | | | | |
| **Please rate your computer skills / Level of computer literacy:** | | | | | | | | | | | | | | Excellent | | |  | | Good | |  | Fair | | |  | Poor |  |
| **How familiar are you with Microsoft Applications, such as Word / Outlook / Excel?** | | | | | | | | | | | | | | Excellent | | |  | | Good | |  | Fair | | |  | Poor |  |
| **How familiar are you with Electronic Meeting Platforms, such as MS Teams / Zoom?** | | | | | | | | | | | | | | Excellent | | |  | | Good | |  | Fair | | |  | Poor |  |
| **Do you have access to a scanner and copier?** | | | YES | |  | | NO | |  | | **Do you have a computer with internet access?** | | | | | | | | | | | | YES | |  | NO |  |
| **Are you in possession of your own vehicle?** | | | YES | |  | | NO | |  | | **Are you in possession of your own mobile phone?** | | | | | | | | | | | | YES | |  | NO |  |
| **Are you a South African Citizen?** | | | YES | |  | | NO | |  | | If NO, are you authorized to work in South Africa? | | | | | | | | | | | | YES | |  | NO |  |
| **Have you ever been guilty of a criminal offence?** | | | YES | |  | | NO | |  | | If YES, you will be obliged to submit relating documents. | | | | | | | | | | | | | | | | |
| **Have you ever been found guilty of professional misconduct?** | | | YES | |  | | NO | |  | | If YES, you will be obliged to submit relating documents. | | | | | | | | | | | | | | | | |
| **Are you a registered tax payer?** | | | YES | |  | | NO | |  | | Tax Number: | | | | | | | | | | | | | | | | |
| **Indicate your language proficiencies: (Poor / Fair / Good / Excellent)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Language** | | | | | **Read** | | | | | | | | | | **Write** | | | | | | | **Speak** | | | | | |
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| **PRIVATE PRACTICE DETAILS (If Applicable)** | | | | | | |
| **Do you currently have your own practice?** | YES |  | NO |  | If YES, please supply the Practice Number: |  |
| Do you practice on a full-time basis? | YES |  | NO |  |  | |
| Provide the Name of your Practice  (If it differs from your own name): |  | | | | | |

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| Education | | | | |
| High School: |  | Grade 12 / Matric | Year: |  |
| Tertiary Institution/s: |  | | | |
| Highest Qualifications: |  | | Year: |  |
| Other Qualifications: |  | | | |

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| **REFERENCE Please provide us with one contactable reference**  By providing the information of a reference, you agree that we may call this person, should we deem it necessary. | | | |
| Organisation: |  | Contact Number: | ( ) |
| Organisation Address: |  | E-mail: |  |
| Contact Person’s Name & Surname: |  | Position / Job Title: |  |

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| **CURRENT EMPLOYMENT** | | | | | | | | | | | | | | | | | | | |
| Organisation: | | | |  | | | | | Contact Number: | | | ( ) | | | | | | | |
| Organisation Address: | | | |  | | | | | E-mail: | | |  | | | | | | | |
| Do you have permission from your Employer to render services to another organization? | | | | | | | | | | | | | | YES | |  | NO | |  |
| Position / Job Title: | |  | | | | | | | Supervisor / Manager: | | | | |  | | | | | |
| From: |  | To: |  | | | May we contact your Supervisor / Manager for a reference? | | | | | | | | YES | |  | NO |  | |
| Status of current employment (Indicate): | | | | | Full-time Employment | |  | Part-time Employment | |  | Contract Worker | |  | | Ad-hoc Worker | | |  | |
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| **What is your current availability to render services to PROCARE?** | | | | | | | | | | | | | | | | | | | |
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| **What is your field of service interest and / or area of speciality?** | | | | | | | | | | | | | | | | | | | |
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| **Please indicate in which areas you are willing and able to render services? (City / Town /Suburbs)** |
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| **Briefly, write something about yourself / Provide any other relevant information:**  Why you think we should consider an application from you, why would you like to become a Service Provider for PROCARE? |
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| **PERSONAL DOCUMENTATION REQUIRED (please indicate with 🗸 if attached)** | | | | | | |
| Short CV / Profile 🗆 | |  | Copy of Identification Document 🗆 | | Copy of Highest Relevant Qualification 🗆 | |
| Copy of current Professional Registration or Renewal / Receipt 🗆 | | | | | Recent Colour Photo (Any size) 🗆 | |
| Other documentation supplied (Please Specify): | | | | | | |
|  | | | | | | |
| confirmation and Signature | | | | | | |
| I hereby certify that the information supplied is true and completed to the best of my knowledge. Should this application be successful, I understand that false or misleading information and documentation provided in my application or interview will result in in immediate termination of my association with PROCARE. | | | | | | |
| **Signature:** |  | | | **Date of Signature:** | |  |

**PLEASE TAKE NOTE OF THE FOLLOWING:**

By engaging and/or completing and submitting any documents to PROCARE, you agree to the collection and processing of your personal information for the purpose of attending to your submissions, requests or enquiries. For more information refer to our: [**PAIA/POPIA Manual**](https://www.procare.co.za/s/PROCARE-PAIA-Manual.pdf)**.** Furthermore, you certify that the information supplied is true and completed to the best of your knowledge. Should we have any opportunities available that might fit your profile, you acknowledge that any false or misleading information and documentation provided at any stage, may result in immediate termination of your affiliation with PROCARE.

If we do not have any suitable opportunities available at this stage that fit your profile, we will not enter into any further communication with you and wish you the very best in your future endeavours.

**Please send your completed APPLICATION FORM to** [**hr@procare.co.za**](mailto:hr@procare.co.za) **Enquiries: 0861 776 227**