

# SKILLS HIRE APPOINTMENT DOCUMENTATION PACK



YOUR FULL NAME: \_\_\_\_\_

Please make sure you send us all the undermentioned documentation  
INCLUDING THIS PAGE.

Question	Amount of pages	Tick Box with an "X"
<p><b>Did you fill in your tax reference number?</b></p> <p>[If you do not have a Tax reference number you must get one from SARS urgently before we can load you on the payroll system to pay you!]</p>	N.A.	<input type="checkbox"/>
<b>Registration form</b>	2	<input type="checkbox"/>
<b>Copy of SANC receipt</b>	1	<input type="checkbox"/>
<b>Copy of ID</b>	1	<input type="checkbox"/>
<b><u>Signed</u> Memorandum of Agreement</b>	2	<input type="checkbox"/>
<b>Tax Information</b>	1	<input type="checkbox"/>

Important: Kindly note that nobody will be paid if all documentation is not signed or if any documentation is outstanding.

Please Fax to : 012 8044862
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P O Box 74028, Lynnwood Ridge, 0040  
Tel (012) 804 8039 Fax (012) 804 4862  
e-mail: johane@intekom.co.za



## REGISTRATION FORM

(PLEASE COMPLETE WITH A BLACK PEN)

EMPLOYEE SURNAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FULL NAMES: \_\_\_\_\_

GENDER:  MALE  FEMALE ID NUMBER: \_\_\_\_\_

PASPORT NUMBER: \_\_\_\_\_ WHICH COUNTRY: \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

TEL (HOME) \_\_\_\_\_ TEL (WORK) \_\_\_\_\_ CELL NO: \_\_\_\_\_

**Please mark the applicable box(es) with a "X"**

REGISTERED NURSE	ENROLLED NURSE	AUXILLIARY NURSE	CARE WORKER	OTHER _____ (please specify)	ICU/TRAUMA EXPERIENCE	ICU/TRAUMA TRAINED
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In what kind of ward do you prefer to work: \_\_\_\_\_

NB: SANC RECEIPT NR: \_\_\_\_\_ SANC REGISTRATION NR: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR SANC RECEIPT. WITHOUT IT, NO PAYMENTS CAN BE MADE.**

### NEXT OF KIN:

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TEL NR \_\_\_\_\_

TEL NR WORK \_\_\_\_\_ CELL NR \_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A COPY OF YOUR ID DOCUMENT AND SANC RECEIPT (IF YOU ARE A NURSE)**

INCOME TAX NUMBER: \_\_\_\_\_

**DO YOU HAVE OTHER EMPLOYMENT?**

**YES**

**NO**

Please mark the applicable box with a "X"

IF YOU ANSWER **NO** TO THE ABOVE QUESTION PLEASE NOTE THE FOLLOWING:

Tax on your earnings will be deducted according to the SARS EMP 10 prescriptions. Please be aware of the fact that if you earn income from another source as well, all taxable earnings will be added together at the end of the financial year when you do your tax return. This might put you in a higher income tax bracket resulting in you paying tax in!

IF YOU ANSWER **YES** TO THE ABOVE QUESTION, 25% tax will be deducted from your income.

<b>BANK DETAILS:</b>	
NAME OF BANK: _____	BRANCH CODE _____
BRANCH NAME (WHERE IS YOUR BRANCH)? _____ (eg Silverton)	
ACCOUNT NR: _____	TYPE OF ACCOUNT: _____ (eg Savings/cheque)
IS THE ACCOUNT IN YOUR OWN NAME? _____ IF NOT, IN WHOSE NAME IS IT?(eg Husband/ Friend)	
_____	

**PLEASE NAME ANY OTHERS HOSPITALS WHERE YOU HAVE WORKED BEFORE, WITH CONTACT DETAILS:**

HOSPITAL	WARD	CONTACT PERSON
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INDEMNITY REQUIREMENTS:**

This document will serve as a pardon for Skills Hire and excludes Skills Hire from any claim and liabilities of any kind, whether statutory, contractual or otherwise arising from the death, injury, unemployment, illness, loss or damage of any kind or any other cause whatsoever to yourself or to any other person or institution in the performance of your contractual duties, while contractually employed by Skills Hire.

Skills Hire therefore will require of you for your own safety and support to join an organization which would cover indemnity on your side as a precaution against any claim against you while performing your duties and would also serve as support should a disciplinary arise due to misconduct.

This document will serve as a true reflection that you are a paid up member of such an organization and Skills Hire will therefore assume that you are covered/indemnified.

Should you not belong to or need assistance in regard to joining any or such an organizing, you will be assisted by Skills Hire on request.

\_\_\_\_\_

*If any of the above information changes, kindly contact Skills Hire immediately.*

I declare the above information as true and correct:

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**MEMORANDUM OF AGREEMENT  
CONCLUDED BY AND BETWEEN**

**SKILLS Hire cc**

(Reg Nr : 2006/211955/23)

A closed corporation having its registered address at 34 Wilge Ave, Lydiana, Pretoria

(hereinafter referred to as "**SKILLS**")

**(herein represented by J.M.Els in his capacity as Managing Member of SKILLS)**

and

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**Id. Nr** \_\_\_\_\_  
(Hereinafter referred to as the "**TEMPORARY EMPLOYEE**")

In this Agreement words importing any one gender shall also import the other gender. "CLIENT" shall mean "THE HOSPITAL WHERE THE TEMPORARY EMPLOYEE WORKS".

**1. PREAMBLE**

The above parties to this agreement wish to enter into a flexible, atypical employment relationship. The parties therefore agree as follows:

**2. SCOPE OF WORK**

The TEMPORARY EMPLOYEE shall work through SKILLS when SKILLS or the CLIENT so requires, at any hospital with which SKILLS has an oral or written agreement. The TEMPORARY EMPLOYEE must be registered with the SANC to work through SKILLS and must have a signed Agreement with SKILLS.

**3. PERIOD OF SERVICE**

Security of employment of this agreement is determined primarily by the operational needs of both SKILLS and/or the CLIENT. Approval is thus hereby granted by SKILLS to the TEMPORARY EMPLOYEE to work through SKILLS, as and when so required by SKILLS or the CLIENT, from date of signature of this document. The period of service shall commence on .....It is agreed between SKILLS and the TEMPORARY EMPLOYEE that should the CLIENT or SKILLS not need the services of the Temporary Employee any further, SKILLS OR THE CLIENT may terminate this Agreement. It **is on this basis only** that SKILLS offers this employment to the TEMPORARY EMPLOYEE, and the TEMPORARY EMPLOYEE **specifically agrees** that SKILLS shall **not** be held responsible by the TEMPORARY EMPLOYEE for any **loss of income or any severance payment** as result of such termination. The CONTRACTED shall have no expectations whatsoever to be appointed on a permanent basis by SKILLS or THE CLIENT.

3.1 Notice of cancellation of this AGREEMENT can be given as follows:

- 12 Hours by either party.

**4. REMUNERATION AND OTHER BENEFITS**

**4.1 REMUNERATION**

SKILLS shall pay the TEMPORARY EMPLOYEE the rates, as prescribed by the CLIENT, for productive hours worked, minus a commission fee of not more than .....%. These rates differ from CLIENT to CLIENT and are available from the hospital or from SKILLS. The TEMPORARY EMPLOYEE will be paid on a daily, weekly or monthly basis as per his or her request.

**4.2 RECORDING OF HOURS**

All hours worked must be forwarded to the CLIENT for approval where after it will be forwarded to the SKILLS by the CLIENT for payment.

**5. DEDUCTIONS**

SKILLS will deduct PAYE and/or SITE from the remuneration payable to the TEMPORARY EMPLOYEE. No other deductions shall be made without the consent of the TEMPORARY EMPLOYEE. For all salary advances per cheque an administration fee of R 40.00 will be levied.

**6. CAPACITY**

The TEMPORARY EMPLOYEE guarantees that he/she has the required capacity to perform the duties as a Nurse as prescribed by the CLIENT or SKILLS.

**7. CONDUCT**

The TEMPORARY EMPLOYEE is subject to the rules with regard to Conduct and Discipline in force within the CLIENT.

**8. RECOVERY OF OVERPAYMENTS**

SKILLS reserves the right to recover from the TEMPORARY Employee’s remuneration any overpayment or any contribution owed by the TEMPORARY EMPLOYEE to SKILLS.

**9. STATUTORY DEDUCTIONS**

SKILLS shall make all deduction required by statute UIF, PAYE ect.

**10. BASIC CONDITIONS OF SERVICE ACT**

Kindly note that the prescriptions of the above Act apply to Leave, Sick Leave, Over-time and maximum hours of work and all other conditions of employment not specifically mentioned in this Agreement. Skills Hire has a Ministerial Determination in terms of Section 50(8) (c) of the ACT concerning leave. Please notify Skills in writing if you don’t want us to payout your leave with every shift worked. A copy of the determination is available on request and is also displayed on the Skills notice board.

**11. INDEMNITY**

This document will serve as a pardon for SKILLS and excludes SKILLS from any claim and liabilities of any kind, whether statutory, contractual or otherwise arising from the death, injury, unemployment, illness, loss or damage of any kind or any other cause whatsoever to yourself or to any other person or institution in the performance of your contractual duties, while contractually employed by SKILLS Hire.  
SKILLS Hire therefore will require of you for your own safety and support to join an organization which would cover indemnity on your side as a precaution against any claim against you while performing your duties and would also serve as support should a disciplinary arise due to misconduct. This document will serve as a true reflection that you are a paid up member of such an organization and SKILLS Hire will therefore assume that you are covered/indemnified. Should you not belong to or need assistance in regard to joining any or such an organizing, you will be assisted by SKILLS Hire on request.

**12. DISPUTES**

In the event of a dispute arising from this Agreement or a relevant statute, the parties shall first endeavour to settle the dispute amicably failing which the parties consent to refer the matter to arbitration by a mutually acceptable arbitrator in terms of the Arbitration Act 42 of 1965 (as amended).

\_\_\_\_\_  
**FOR AND ON BEHALF OF SKILLS HIRE** **DATE**

I ,.....(full name and surname),

id no:.....,

fully understands and accept all of the appointment conditions of this agreement.

\_\_\_\_\_  
**FOR AND ON BEHALF OF THE TEMPORARY EMPLOYEE** **DATE**



**Skills Hire cc**

Reg Nr 2006/211955/23

## **Nursing Agency**

P.O Box 74028, Lynnwood Ridge, 0040 || || 34 Wilge Avenue, Lydiana, 0184

Tel (012) 804 8039 Fax (012) 804 4862 Cell 084 582 0237

**Please read, sign and send back with the rest of your documentation!**

**Lees, teken en stuur asb terug met die res van u dokumentasie!**

### **BELASTINGINLIGTING (Belangrik!!!!)**

#### **Neem kennis van die volgende:**

Indien u meer as een inkomste ontvang moet u deur die Werkgewer/Agentskap by wie u **nie permanent, of nie voltyds, of nie in standaard diens is nie, 25% belasting van u inkomste laat aftrek**. Indien u dus permanent net deur Skills Hire werk en u sou ook nou en dan deur 'n ander Wergewer/Agentskap werk, moet u daardie Wergewer/Agentskap in kennis stel dat hulle 25% belasting moet aftrek, **en** vice versa!! Indien u permanent by 'n hospitaal werk,(maw. permanent deur die hospitaal aangestel is), en u werk ook soms deur 'n Agentskap, moet u die Agentskap in kennis stel dat hulle 25% belasting moet aftrek!! Voltooi dus u aansoek eerlik....dit is vir u eie beswil!

Al u inkomste word aan die einde van die fin. jaar bymekaargetel waarop u deur SARS belas gaan word. Indien u NIE die bogenoemde toepas nie is die moontlikheid **baie sterk** dat U BELASTING GAAN INBETAAL!

Onthou belasting is u verantwoordelik en u kan nie onkunde pleit nie.As u moet inbetaal het u nie die voorgeskrewe reëls van SARS gevolg nie en moet u dit dadelik regstel!

### **TAX INFORMATION (Important!!!!)**

#### **Take note of the following:**

If you receive income from more than one source you must inform the Employer/Agency from which **you don't have a permanent or full-time position, or are not in standard service, to deduct 25% tax from your income**. If for instance you work permanently/full-time for Skills Hire and from time to time also work through another Agency, you must inform that Agency to deduct 25% tax from your income, **and** vice versa!! If you work permanently at a hospital, (in other words, you are permanently employed by the hospital), and you also work part-time through an Agency, you must inform the Agency to deduct 25% tax! Complete your application honest.....it is for your own good!

All your income will be added together at the end of the financial year on which SARS will tax you. If you don't adhere to the above the possibility exist that YOU MIGHT PAY TAX IN!

Remember tax is your responsibility and you can't plead ignorance!! If you need to pay tax in you did not follow the rules prescribed by SARS and you must immediately correct it!

#### **I take note of the above/Ek neem kennis van die bogenoemde:**

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**Signature/Handtekening**