



LOCUM REGISTRATION FORM

For office use only
Employee number _____

1. PERSONAL INFORMATION

Title & Surname _____

First Name _____

Gender: Male Female Race: Indian White Coloured African

Address _____

Postcode _____ Postal Address _____

Mobile no _____ Email _____

Home no _____ Marital Status _____

ID Number _____ SARS Tax Number _____

Nationality _____ Do you have a work permit? Yes No

Country of issue for passport _____ Date of Issue _____

Passport Number _____ Expiry Date _____

2. NEXT OF KIN/ EMERGENCY CONTACT DETAILS

Name _____ Relationship _____

Address _____

Mobile no: _____

3. BANKING DETAILS

Bank Name _____

Type of Account _____

Account Number _____

PAYMENTS

Are done directly into the locum's account via EFT.

Done weekly/monthly as per client agreement

<input type="checkbox"/>	I confirm that I do not have permanent employment and that my remuneration should be taxed according to Tax tables.
<input type="checkbox"/>	I confirm that I do have permanent employment and understand that my remuneration will be taxed at 25% as per Tax Laws.
<input type="checkbox"/>	



4. PROFESSION, MEMBERSHIP AND QUALIFICATIONS DETAILS

Profession _____ Date of Registration _____

Additional Qualification/s _____

Name of Indemnity _____ Member no: _____

5. WORK AVAILABILITY

What specialties would you prefer to work in (In order of Preference)?

Specialty 1 _____ Specialty 2 _____

Other _____

Geographical Regions

Pretoria Rustenburg Bloemfontein Cape Town

Other _____

6. JOB AND EXPERIENCE

Info: Please list your jobs with the most recent at the top.

Employer Name	Job Role	Dates	Reason for leaving



7. ATTACHMENTS

To enable us to process your registration as soon as possible , please include copies of the following documents when returning the form:

1. **Complete Registration Form**
2. **Copy of ID/ Passport and Work Permit**
3. **Copy of Degree/ Diploma (Additional Qualifications)**
4. **Copy of Membership Certificates**
5. **Proof of Indemnity**
6. **Letter from the bank to confirm banking details**
7. **Tax Certificate**

1. It is recorded that the Locum Candidate shall be employed by S.MAB Agency in terms of the fixed period and no expectation of continued placement is created as the placement will terminate automatically at the expiry of the Locum Placement.
2. The Locum Candidate shall be placed at one of S.MAB Agency's Clients premises and the Registration Form will still govern your employment with the Agency to be placed with other Clients whenever there is employment.
3. I confirm that induction was done with me and I was handed out an induction booklet.

I, _____ ID Number, _____

Declare that all the above information is correct and understand that misleading information given may be considered as grounds for withdrawal of future work being offered by S.MAB Agency.

Signature _____ **Date:** _____