



APPLICATION FOR EMPLOYMENT

Please note: Certain Personal Information, which is sensitive information and is classified as Special Personal Information in terms of the Protection of Personal Information Act, No. 4 of 2013 (the "POPI Act") may be requested in this application. This information is requested for the purposes of fulfilling statistical and legal requirements in terms of Doctor Bloch and Partners Employment Equity Planning. By applying for this position and providing this Personal (and Special Personal) Information, you are hereby consenting to Doctor Bloch and Partners Processing this information for these purposes.

Biographical Data

Position Applied for														
Clinic														
Surname								Initials						
First Name														
Known As									Title					
Gender	M			F			Date of Birth							
Identity Number														
Nationality						Passport Number								
Race	Asian		Black		Coloured			White		Permanent Resident	Y		N	
Home Language						Other languages								
Disability	Y		N		Solvent		Y		N		Criminal Record	Y		N
Type of Disability														
Marital Status								Maiden Name						

Address Details

Residential Address	Unit No		Complex	
Street No			Street / Farm Name	
Suburb				
City / Town			Postal Code	
Postan Address				
Line 2				
Line 3			Postal Code	
Cell Number			Home Number	
Name of Next of Kin				
Relationship			Tel No of Next of Kin	

Knowledge/Qualifications

Highest Qualification				
Start Date			End Date	
Institution				
Other Relevant Qualifications				
Start Date			End Date	
Drivers Licence	Y		N	Licence Type
Licence Number			Expiry Date	Renewal Date
Professional Membership			Please note that completing this section is compulsory for all applicants who require registration with SANC/HPCSA. Regrettably this application cannot be processed if these details are not provided	
Organisation				
Current Receipt Number			Registration Number	

Current Employment Details

Name of Current Employer				Job Title			
Start Date				Reason for Leaving			
Current Salary				Expected salary			
Have you ever been Dismissed	Y		N		Details		
Do you consent to us contacting your current Employer					Y		N
If No, please give a reason							
Have you ever been offered a position or been employed within any Division of Doctor Bloch had Partners?					Y		N
If YES, please give details							
Are any of your relatives employed within Doctor Bloch and Partners					Y		N
If YES, please give details							
Do you consent to us conducting reference checks from the Referees listed below					Y		N
<p>Note: By providing the details of the below Referees, you confirm that these Referees are aware that they have been listed as references and that they have consented to you providing and processing their Personal Information for employment reference purposes.</p>							
Name				Company			
Position				Tel No			
Name				Company			
Position				Tel No			

Medical History

Are you receiving any medical treatment at present				Y		N	
If YES, please supply details							
Have you received disability benefits				Y		N	
If YES, please supply details							

Indemnities

I acknowledge that I have applied for a position within Doctor Bloch and Partners and accept that the Company places a premium on a relationship of trust with its employees and that it must take reasonable steps to ensure the integrity and honesty of applicants for employment. In the light of the high degree of trust required by my possible employment I by my signature hereto, agree to the following:

- That the Company may at any time enquire or conduct reference checks concerning my employment history.
- That the Company may conduct a credit and/or criminal check enquiry with any service of their choice.

I understand that my employment will be subject to me supplying the Company with certified copies of my qualifications, my identity document and any other information required by the Company for the purposes of this application.

I certify that the information supplied in this application is true, correct and complete in every aspect. I understand and accept that any incorrect or incomplete information may lead to my offer of employment being withdrawn or my service contract being terminated. If employed, I agree to abide by the rules, regulations and procedures of the Company as applied to such employment.

Consent to Processing of Personal Information

Doctor Bloch and Partners is committed to protecting your personal information in accordance with the Protection of Personal Information Act, No. 4 of 2013 (the "POPI Act"). Any personal information provided by you to Doctor Bloch and Partners for the purposes of your application will be used and processed in accordance with its Privacy and Document Retention Policies and the provisions of the Protection of Personal Information Act.

Given the nature of the application, some of the personal information you are required to provide to Doctor Bloch and Partners may be special personal information, as classified in the POPI Act.

The personal information provided by you to Doctor Bloch and Partners in this application form will only be used for the following purposes:

- reviewing and processing your application for the job advertised;
- performing reference checks, credit checks, criminal checks, competency-based checks and other employee risk assessment measures where required, in order to fully assess your application for this position;
- should your application be successful, for the purpose of processing your employment with the Company and thereafter for administering and maintaining your employment with the Company.

By submitting your application to Doctor Bloch and Partners, you hereby:

- consent to Doctor Bloch and Partners processing the personal information and special personal information that you have provided in your application and in any supporting documents provided with your application, for the purposes that have been set out above;
- consent to Doctor Bloch and Partners conducting the necessary reference checks, credit checks, criminal checks, competency-based checks and other employee risk assessment checks and measures, as required.

In this regard, you also hereby consent to:

- your personal information (including any special personal information) being shared by Doctor Bloch and Partners with approved bodies/companies/persons who will be performing or providing these checks, and for them to share the results with Doctor Bloch and Partners; the results of all such checks being processed by Doctor Bloch and Partners for the purposes that have been set out in this consent.

Should you, at any time, wish for us to no longer process your personal information for the purpose of this job application, please notify us in writing of your withdrawal of consent at the details set out below.

You should however note that without your consent to process your personal information in relation to this job application, we are unable to process your job application and your job application will be withdrawn simultaneously with your withdrawal of consent to processing of your personal information.

Details for withdrawal of consent: Christine.Breedt@sandtonxray.co.za / HRofficer@snadtonxray.co.za Attention: Human Resources Department.

Should your job application be unsuccessful, Doctor Bloch and Partners will destroy the record of your application (including your CV and all supplementary information received throughout the job application process) within a period of 2 Years from the date that the specific position is filled.

Should your job application be successful, the record of your job application will be added into your employee file and retained as part of your employee file.

Signature of Applicant /
Signature of Legal Guardian

Date Signature

(Note: signature of a Legal Guardian is required where the Applicant is under the age of 18 years)