

STAFF NURSE

TRICHARDT DEPOT, MPUMALANGA



DO YOU MAKE PATIENT CARE A PRIORITY? WE DO. IF YOU DO, JOIN OUR TEAM TODAY!

PathCare is a partnership of pathologists in private practice across South Africa that has been assisting doctors and healthcare professionals determine and confirm diagnoses since 1922. We are registered with the HPCSA (Health Professions Council of South Africa) and all our laboratories are SANAS accredited.

An opportunity exists for a Staff Nurse to join the PathCare family at our Trichardt depot in Mpumalanga. We seek an individual with a high level of ethics and integrity who displays a proven track record of aligning with the PathCare values. The successful will also be required to assist with doctor's visits/queries and courier rounds

Key Competency Requirements and Experience

- Enrolled Nurse Certificate
- Current registration with SANC
- Computer literate with Skylims knowledge is advantageous
- Must have a valid unrestricted Code B driver's license.
- Phlebotomy experience is essential.
- Pathology experience is highly advantageous which includes order of draw and running of Point of Care instruments i.e. Hemocue, Stratus & running of arterial blood gas on the machine.
- Client-focused with excellent attention to detail.

- Effective verbal and electronic communication skills
- Ability to work under pressure and display resilience and tenacity in challenging situations.
- Innovative and result-orientated
- Compassion and empathy.
- Adaptability with the ability to co-operate within a team environment
- Must be fluent in English
- Must be prepared to work shifts.
- Must have an acceptable track record/performance record regarding the technical and behavioural competencies required to perform in this position.

CLOSING DATE: Tuesday, 28 January 2025

Please note that all shortlisted candidates will be required to complete a technical proficiency test to assess their level of competency.

Join the PathCare team and enjoy partnering with thought-leaders and experts in the pathology and diagnostics field while impacting on the lives of patients. Your contribution to the company will be rewarded with a market-related remuneration package which includes a retirement fund contribution and risk benefits (Group Life & Disability Cover), a health care allowance, discounted pathology tests and payment of HPCSA annual registration. Through our partnership with The PathCare Academy, we emphasise our commitment to lifelong learning and development of our talent.

Applicants who meet the criteria and are interested in joining our dynamic team are required to complete the attached application form and submit this together with a CV to <u>anna.botes@pathcare.net</u>

Please indicate the position you are applying for – <u>POST NUMBER 3003</u> and include a comprehensive CV and cover letter detailing the level and extent of your knowledge, skills and competencies required for this position.

Please note: by applying for this position, your application will be subject to verification checks of your driver's licence, ID document, qualifications/proof of registration, credit and criminal checks if required. Candidates must be willing to participate in a rigorous evaluation process.



APPLICATION FOR EMPLOYMENT

| Surname | | | | | Position Applied For | | |
|---|--------------------------------|------------------|-----------|--------------|-------------------------|---------------------|--|
| First Names | | | | | Location Of Position | | |
| Title (e.g. Mr, Dr) | | | | | | | |
| Nickname | SCHOOLING RECORD | | | | | | |
| Residential Address | | | | | Highest Grade Passed | | |
| PO Box/Private Bag/Work | | S | | | Year Obtained | | |
| addresses are not allowed | Postal Code | | | | Name Of School / | | |
| Phone No Home | | | | | Institution | | |
| - Work | | | | | | | |
| - Cell | | | | | TERTIARY QUALIFICATIONS | | |
| Private Email Address | | | | | Degree/Diploma | Institution Year | |
| Postal Address | | | | | | | |
| (if different to residential) | | | | | | | |
| | Postal Code | | | | | | |
| Identity Number | | | | | | | |
| Passport Number | | | | | | - | |
| Tax Number | | | | | CURRENT / LATES | T EMPLOYMENT RECORD | |
| Are you registered with | Yes Do you have employment Yes | | | Yes | Company Name | | |
| SARS as a taxpayer | No | in addition to P | | No | Position Held | | |
| Marital Status (for SARS) | Single | Married | Community | In | Period Employed | to | |
| | | | Property | Out | | | |
| Next Of Kin F <u>ull</u> Names | | | | | Final Salary | | |
| Relation to you (eg. wife) | | | | | Reason For Leaving | | |
| Address | | | | | May we contact them? | Yes No | |
| | | Postal Code | | Manager Name | | | |
| Two Contact Numbers | | | | | Phone Number | () | |
| Employment Equity | Gender | Male | Female | | | PLOYMENT RECORD | |
| Required for statistical | Race | African | Coloure | | 1. Company Name | | |
| purposes | INACE | White | Indian | 50 | Position Held | | |
| Mark relevant with X | Disability | | Yes | | Period Employed | to | |
| Nature Of Disability: | Disability | y NO | 165 | | Reason Left | 10 | |
| Nature Of Disability. | | | | | Manager's Name | | |
| Professional Registration | | HPCSA | Nursing | | Phone Number | | |
| For Current Year (please ma | ork with X) | Other | None | | | | |
| Registration Number | | Other | None | | 2. Company Name | | |
| Are you paid up for year? | No Yes Please attach receipt | | | ch receipt | Position Held | | |
| | | | | | Period Employed | to | |
| Have you had prior | No Yes | | | | Reason Left | | |
| PathCare | If yes, state Job Title | | | | Manager's Name | | |
| Employment? | If yes, state Location | | | | Phone Number | () | |
| Do you have any actual or potential conflicts of interest you would like to declare regarding information, products/services or relationships | | | | | | | |
| (family and/or friends) either within PathCare or with external service or product providers? If yes, please provide additional details: | | | | | | | |

I certify that all information given by me is, to the best of my knowledge is true and correct. I understand that any false statements could result in the termination of my contract. I hereby authorise PathCare to carry out a credit and criminal record check if it is a requirement for the position as well contact the previous employers and references. I have indicated on this form or other related documents such as my CV, etc. I hereby authorise and give consent to the Company and/or its duly authorised verification agent to process the personal information provided herein in terms of the Protection of Personal Information Act ("POPIA") for the purposes of performing the necessary background and credit checks as well as confirming employment history. I authorise the Company to further process the personal information provided herein should it proceed to employ me. I understand and agree that the Company will automatically destroy information provided herein should your application not be successful within a period of 3 (three) months.