

TRANSPORT CO-ORDINATOR LES MARAIS, PRETORIA



WE MAKE PATIENT CARE A PRIORITY. 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 1923. We are registered with the HPCSA (Health Professions Council of South Africa) and all our laboratories are SANAS accredited.

An opportunity exists for a Transport Co-ordinator to join the team in our Transport Department at our Les Marais branch in Pretoria. We are seeking an individual with a high level of ethics and integrity while consistently aligning with the PathCare values.

Key Competency Requirements and Experience

- Grade 12 (Matric)
- Basic computer literacy knowledge
- Valid driver's license (**Both code A and B**) is essential
- Logistics/transport operations, knowledge/experience with vehicle accident claims, vehicle servicing, maintenance, and accident repairs, as well as vehicle related administration in the medical/pathology field is advantageous
- Supervisory experience is advantageous
- Administration experience regarding creating rosters and completing claim forms
- Adaptability with the ability to co-operate within a team environment
- Leadership ability
- Customer-focused with excellent attention to detail
- Displays initiative
- Adaptability with problem-solving ability
- Effective communication and interpersonal skills
- A positive attitude & flexible work-style
- Must be fluent in English with an understanding of Afrikaans
- Must be prepared to work shifts, weekends & public holidays
- Must have an acceptable track record/performance record with regard to the technical and behavioural competencies required to perform in this position

CLOSING DATE: Thursday, 12th June 2025

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

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 may email cindy.nel2@pathcare.net

Please indicate the position you are applying for – **POST NUMBER 3029** 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 license, Identity 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				
First Names				
Title (e.g. Mr, Dr)				
Nickname				
Residential Address				
PO Box/Private Bag/Work addresses are not allowed		Postal Code		
Phone No. - Home	()			
- Work	()			
- Cell				
Private Email Address				
Postal Address (if different to residential)				
		Postal Code		
Identity Number				
Passport Number				
Tax Number				
Are you registered with SARS as a taxpayer	Yes		Do you have employment in addition to Pathcare	Yes
	No			No
Marital Status (for SARS)	Single		Married	Community Property
				In Out
Next Of Kin Full Names				
Relation to you (eg. wife)				
Address				
		Postal Code		
Two Contact Numbers				

Position Applied For	
Location Of Position	

SCHOOLING RECORD	
Highest Grade Passed	
Year Obtained	
Name Of School / Institution	

TERTIARY QUALIFICATIONS		
Degree/Diploma	Institution	Year

CURRENT / LATEST EMPLOYMENT RECORD			
Company Name			
Position Held			
Period Employed	to		
Final Salary			
Reason For Leaving			
May we contact them?	Yes	No	
Manager Name			
Phone Number	()		

Employment Equity Required for statistical purposes	Gender	Male		Female	
	Race	African		Coloured	
		White		Indian	
Mark relevant with X	Disability	No		Yes	
Nature Of Disability:					

Professional Registration For Current Year (please mark with X)	HPCSA		Nursing	
	Other		None	
Registration Number				
Are you paid up for year?	No	Yes	Please attach receipt	

Have you had prior PathCare Employment?	No		Yes	
	If yes, state Job Title			
	If yes, state Location			

PREVIOUS EMPLOYMENT RECORD	
1. Company Name	
Position Held	
Period Employed	to
Reason Left	
Manager's Name	
Phone Number	()
2. Company Name	
Position Held	
Period Employed	to
Reason Left	
Manager's Name	
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.

Date _____

Signature Of Applicant _____