



LPRODUCE
MEDICAL RECRUITMENT AGENCY

REGISTRATION FORM FOR MEDICAL RECRUITEMENT

For office use

Date captured

Membership Number

Please return completed form with certified copies of the following documentation to LProduce Health:

Identity document | Copies of qualification | Hepatitis B | Professional indemnity | Professional registration with SANC/HPCSA

1. Personal Details

Names and Surname							
		Title	Mrs	Miss	Mr	Other	
Maiden Name							
Identity Number							
Date of Birth							
Physical Address						Postal code	
Postal Address						Postal code	
Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Criminal Record		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Race		White	Indian	African	Coloured		
Cell Number		Telephone Number					
Email		Next of Kin No					

2. EDUCATIONAL

Matric		Year Obtained	
Highest Qualification		Year Obtained	
Professional Title (Dr, RN, EN, ENA, CW)			



087 700 3816
065 941 7899



nonhlem@lproducehealth.com
www.lproducehealth.com



Suite 415, Block 4, First Floor, Island Office Park, 35-37 Island Circle Riverhorse Valley East



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3. PROFESSIONAL

SANC Number		
Indemnity Cover		Indemnity Number
HPCSA Number		

4. WORK EXPERIENCE

Specialty	AICU	NICU	PICU	MICU	Neuro ICU	CT ICU
Maternity	Labour	Post Natal	Antenatal	Nursery		
General Wards	Surgical	Medical	Ortho	Padiatric	Renal	Other
Theatre	Scrub	CSSD	Recovery	Cath lab	Anesthetic	other

5. PREVIOUS EMPLOYMENT

EMPLOYER	Job Description	Department	Start Date	End Date	Number of years

6. REFERENCES

NAME	DEPARTMENT	RELATIONSHIP	CONTACT NUMBER

7. BANKING DETAILS

BANK NAME	
BRANCH CODE	
TYPE OF ACCOUNT	
ACCOUNT NUMBER	



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8. TAX

Permanent employees (25%)	
Sessionals (tax table)	
Tax Number	

DECLARATION

I _____ hereby declare that all details and responses in this application are TRUE and no required documents are outstanding. I agree that the withholding of any information or failure to answer any questions will constitute a breach of a condition of my employment for which I will face disciplinary action and possible dismissal.

Signature of applicant: _____

Witness : _____

Date: _____

Date: _____



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