

Registration Form MEDICAL/NURSING

FOR OFFICE USE ONLY	
BHC Number 	Date Captured

PLEASE RETURN COMPLETED FORM WITH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTATION TO BASO HEALTHCARE SERVICES

- Certified copy of your identity document • Certified copy of professional registration (SANC/HPCSA) •
- Proof of professional indemnity • Certified copies of your qualifications • Proof of Hepatitis B Vaccination

New applicants will ONLY be registered and issued with a SHC number if the form is completed in FULL and all the supporting documents have been received.

1. PERSONAL

Surname				Full names	
Title	Mr ☐	Miss ☐	Other ☐	Maiden Name	
Known as				Marital Status	
Identity Number				Date of Birth	
Telephone(home)				Telephone (cell)	
Telephone (work)				Email	
Physical Address				Postal Address	
Postal Code				Postal Code	
Gender	Male ☐		Female ☐	Next of kin, relation, cell number	
Ethnic Group	African ☐	Coloured ☐	Indian ☐		White ☐
Do you have a criminal record	YES ☐		NO ☐		

2. PROFESSIONAL

Professional Regulatory Body	SANC	HPCSA
SANC number	Receipt number	
HPCSA number	Receipt number	
Professional Indemnity Cover	Indemnity number	

It is a requirement of Baso Healthcare Services that all assignees have indemnity cover against professional liability.

3. EDUCATIONAL

Qualification	Year obtained	
Qualification	Year obtained	
Qualification	Year obtained	
Professional Title (Pharmacist, RN, EN, ENA, CW)		

TO BE COMPLETED BY NURSES ONLY

ICU/NICU/Theatre/Trauma	Trained	Experienced
Competent in working with a ventilator	YES	NO

Do you have work experience in a Private Hospital	YES	NO
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4. WORK EXPERIENCE (NURSING ONLY)

(Only tick applicable)

Specialised	GICU	CT ICU	TICU	SICU	MICU	CCU	Neuro ICU	PICU
	NICU	Trauma	Casualty	High Care	Case Management	Other		
Maternity	Antenatal	Labour	Post Natal	Nursery				
Theatre	Anaesthetic	Recovery	Scrub	Floor	CSSD	Cath Lab		
General Wards	Surgical	Medical	Oncology	Ortho	Renal	Paediatric	Plastics	Other

5. PLACEMENT

Please list below which hospitals and units you prefer to work in - in order of preference:

- _____
- _____
- _____

Do you want to be contacted for available shifts in other hospitals/units	YES	NO
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6. EMPLOYMENT

Name of Employer	Department	Position	Period Employed	Reason for Leaving

7. REFERENCES

Name	Hospital	Unit	Telephone number

8. FINANCIAL

Name of Bank	
Branch Name	
Branch Code	
Account Number	
Type of account	

9. TAX DECLARATION AND PAYMENTS

Weekly payments are made on a _____. Payments are made by electronic funds transfer (EFT) only. If Baso Healthcare Services is your only employer (part time), tax will be deducted from your earnings in accordance with the weekly tax tables published annually by the South Africa Revenue Service (SARS) and can be obtained on SARS website, www.sars.gov.za. If you have other employment (full time), tax will be deducted at a flat rate of 25%. It is your responsibility to keep Baso Healthcare Services updated of your employment status to ensure that your earnings are taxed in accordance. Indicate appropriate tax option and provide your income tax reference number in the space below. Monthly payments for regular shift workers will be done at the end of every month.

SARS Tax Tables (part time or sessional)	
Flat rate 25% (full time employed)	

Medworx and Post Exposure Prophylaxis Cover

It is a condition to have Post Exposure Prophylaxis cover through Medworx when working for Baso Healthcare Services.

10. TERMS AND CONDITIONS

10.1 I consent to Baso Healthcare Services (Pty) Ltd checking the details I have provided in support of this application against the various data sources in order to verify my identity and qualifications in order to process this application.

10.2 I accept that I have been made aware by Baso Healthcare Services (Pty) Ltd that I am not allowed to work through the agency for two consecutive shifts in 24 hours and if I breach this condition, I may have to face a disciplinary inquiry/non-payment.

10.3 Under no circumstance will I allow any other person to supply services in my place.

10.4 As an agent representative of Baso Healthcare Services (Pty) Ltd while on duty I will at all times uphold the values of the agency and the client.

10.5 **Policies and procedures** – I am aware that I should familiarise myself not only with Baso Healthcare Services policies and procedures but also those of the workplace I am contracted to perform my duties in.

10.6 **Professional Indemnity** – I am aware that I need to ensure that I have updated personal Professional Indemnity (PI) cover and I need to provide Baso Healthcare Services with the details thereof.

10.7 **Indemnity Requirements** - This documentation will serve as a pardon for Baso Healthcare Services and excludes Baso Healthcare Services from any claim and liabilities of any kind, whether statutory contractual or otherwise arising from the death, injury, unemployment, illness, loss or damages of any kind or any other cause whatsoever to yourself or to any other person or institution in the performance of your contractual duties, while contractually employed by Baso Healthcare Services. Baso Healthcare Services therefore will require of you for your own safety and support to join an organisation which would cover indemnity on your side as a precaution against any claim that may arise while performing your duties and would also serve as support should a disciplinary arise due to misconduct. This document will serve as a true reflection that you are paid up member of such an organisation and Baso Healthcare Services will therefore assume that you are covered /indemnified. Should you not belong to or need assistance in regard to joining any or such an organisation, you will be assisted by Baso Healthcare Services on request.

10.8 **Professional Registration** - Renewals of SANC shall be updated and provided to Baso Healthcare Services (Pty) Ltd. I will be held liable for any implications arising from expired or terminated SANC registrations.

10.9 **Banking Details** - Change of banking details, surnames and any other personal information will be communicated in writing to Baso Healthcare Services (Pty) Ltd. Baso Healthcare Services (Pty) Ltd will not be held liable for any changes made to the above details without being communicated.

10.10 **Payment in Error** - I accept that any payments made to me in error, irrespective of the source of such error, may be 'clawed' back by Baso Healthcare Services (Pty) Ltd within the agreed terms and conditions between Baso Healthcare Services (Pty) Ltd and myself. I accept that failure to meet the mutual agreement may result in civil proceedings against me and in which case I may be held liable for cost of any such civil recovery.

10.11 **Uniform** – I am aware of the industry requirement to wear uniform to work. I am aware that I am not allowed to wear the identifiable uniform of any employer whilst performing duties as a Baso Healthcare Services representative. Distinguishing devices and identity devices will be part of uniform requirements. I am aware of the consequences should I not adhere to uniform dress codes. I may be subject to a fine of 50% of the total value of the shift or be liable to pay for the shift if I am sent home for failure to comply with the uniform policy.

10.12 **Language** – I am aware that English is the official language of communication. I may use my home language if required to do so, to assist in translation and during tea and lunch breaks.

10.13 **Disciplinary procedure** – I am aware of the disciplinary procedures and will abide by the requirements. I will avail myself to assist Baso Healthcare Services to complete any investigation or management of a complaint in order to finalise the outcome within 3-5 days. I am also aware that incidents and previous dismissals will be communicated to other hospitals. In the event of any incidents occurring, it will be reported directly to the person in charge (the client), thereafter you will contact the clinical facilitator of Baso Healthcare Services (Pty) Ltd. You agree to be as transparent as possible in order for the problem to be solved.

0.14 **Sleeping on duty** – I am aware that it is a dismissible offence to be found sleeping on duty or in any other position that might indicate that I cannot reasonably be able to attend to my contractual duties.

10.15 **Cellular telephone** – I am aware that I am not allowed to use my telephone under any circumstances whilst on duty. If I choose to keep my telephone on my person during working hours then it will be switched off.

10.16 **On-duty times** – I am aware that I should report for duty at least 15 minutes prior to the start of the shift. This time will be unpaid and considered hand-over time. It is professional courtesy to arrive fifteen minutes before shift starts to receive handover information and to ensure I remain on duty until handover is completed at the end of the shift.

10.17 **Cancellation of shifts** – I am aware that Baso Healthcare Services (Pty) Ltd and the client should be informed as soon as possible should the need for cancellation arise. I am aware that I have to give Baso Healthcare Services at least 4 hours' notice prior to cancelling a shift that was booked. I am aware that if I fail to comply, I will receive a fine of four (4) hours at the applicable rate unless a doctor's note is produced. I am also aware that if I do not arrive for duty and fail to inform the agency, I will be fined the cost of the booking, that being a 12-hour shifts at the applicable rate. Baso Healthcare Services (Pty) Ltd reserves the right to cancel shifts should the client no longer require the services.

10.18 **Use of Personal Protective Equipment (PPE's)** – to be worn wherever and whenever required to do so for Health and safety purposes.

10.19 **Injury on duty** – At all given times I will follow the rules and regulations of the legislation governing Occupational Health and Safety, for the safety of myself and the client. I will provide my services with reasonable skill and due care at all times. It is my duty to be made aware of the legislation governing Occupational Health and Safety. I am aware of the Injury on Duty (IOD) policy and am aware that I must ensure Baso Healthcare Services is informed of my injury as soon as possible. I have been made aware that it is my responsibility to provide Baso Healthcare Services with a copy of my Identity Document in order for the WCL 2 forms to be completed. I am also aware that if I failed to utilise Personal Protective Equipment (PPE's) or was wilfully negligent, pending the outcome of my disciplinary hearing, I may be liable for the cost of my injury.

10.20 **Immunisation** – I am aware that I have to provide Baso Healthcare Services with proof of immunisation status against Hepatitis B on registration. I am also aware that I have been advised to visit my doctor or nearest clinic for an annual flu vaccine as well as to maintain optimal health by taking a multi – vitamin daily.

10.21 **Hospital Induction and Orientation** – Compulsory and needs to be successful before any placement will be done.

10.22 **Continuous Professional Development (CPD's)** – Compulsory and needs to be completed with the guidance of the CTS

10.23 **Notice period / termination** – The assignee can terminate this contract based on the placement requirement between one (1) and thirty (30) calendar days with a written statement. The employer can terminate this contract also between one and thirty days depending on the type of placement.

(All of the above is not exhausted and any query should be raised with your nearest Baso Healthcare Services branch in terms of Rules, requirements, policies and procedures in order to assist and support you)

DECLARATION

I hereby declare that all particulars and responses in this application are TRUE and no required material has been withheld. I agree that the withholding of any information or failure to answer any questions honestly will constitute a breach of a condition of my employment for which I could face disciplinary action and possible dismissal.

Signed at (place) _____ on this ____ day of _____ 20____.

SIGNATURE _____

WITNESS _____

DEPARTMENT OF LABOUR

DECLARATION BY EMPLOYEE

(Confidential)

PLEASE READ THIS FIRST

Purpose of this form

This form is used to obtain information from employees for the purpose of assisting employers with conducting an analysis on the workforce profile. Employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998.

Who fills in this form

Employees should fill in this form.

Instructions

Employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998.

'People with disabilities' are defined in the Act as people who have long-term or recurring physical or mental impairments, which substantially limits their prospects of entering into, or advancement in employment.

Please note that people have the right to disclose or not to disclose their disability

1. Name of employee: _____

2. Employee workplace No: _____

(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)

3. Please indicate to which categories you belong with an 'X' below:

Male	☐	Female	☐
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African	Coloured	Indian	White
☐	☐	☐	☐

Foreign National	☐
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If you are not a citizen by birth, please indicate the date you acquired your citizenship:

Person with a disability	☐
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If yes, specify nature of disability:

4. I verify that the above information is true and correct.

Signed: _____
Employee

Date: _____

LIMITED DURATION CONTRACT

CONTRACT OF EMPLOYMENT

1. INTRODUCTION

- 1.1 It is with great pleasure that we confirm your flexi time appointment with Baso Healthcare Services (Pty) Ltd (The Company). We recorded that this agreement regulates the terms and conditions of your employment in conjunction with the applicable labour law.
- 1.2 Baso Healthcare Services is a temporary employment service provider. As such, it provides staff to its various clients in accordance with their requirements. Their requirements vary from ad hoc placements to fixed placements:
- 1.3 An ad hoc placement is a placement with a specific client for a specific shift or a specific number of shifts only.
- 1.4 A fixed placement is a placement with a client for a specific period or purpose.

2. TERMS AND CONDITIONS

- 2.1 In the event that you are placed on a fixed placement, you will be required to sign an additional agreement which will specifically govern the terms of the fixed placement. The terms of the agreement will however remain in force during the fixed period, save insofar as the terms of the fixed placement agreement specifically varies the terms of this agreement.
- 2.2 In the event of an ad hoc placement, the terms of the placement, which include:
 - 2.2.1 The identity of the client requiring your services;
 - 2.2.2 The specific shift(s) you are required to work;
 - 2.2.3 The ward that you will be working in;
 - 2.2.4 Specific requirements will be communicated to you by the Client and /or the Company.
- 2.3 As the Company's business depends on the requirements of its clients, your position requires a great deal of flexibility.
- 2.4 You acknowledge that you will not be required to necessarily work every day of the week or month. You will only render services and will only be entitled to payment, when called upon to render your services to the Company from time to time.
- 2.5 You undertake to subject yourself to the exigencies of the Company's business needs and the Company's requirement for absolute flexibility in respect of rendering your services.
- 2.6 You and the Company agree and recognise that the Company will have exclusive right to call upon your services for the duration of this agreement.
- 2.7 Notwithstanding the aforementioned you agree and recognise that when you are called upon the Company to render services in terms of this agreement, then in such event you will devote all time and effort to the needs and requirements of the specific client that you have been placed with.

3. PLACE OF WORK

- 3.1 From time to time you may be requested to report to the Office of the Company, which is situated at: 15 Badela Road Malvern, Queensburgh, Durban.
- 3.2 The remainder of your duties will however be carried out at the premises of the Company's various clients.

4. HOURS OF WORK

- 4.1 Due to the nature of your appointment, you are not guaranteed any minimum number of working hours per day or month during the course of your employment.
- 4.2 Whilst on assignment with a client, whether on a fixed placement or an ad hoc basis, your hours of work will be determined by the client. You will however not be required to work additional shifts/hours which fall outside the placement you have accepted.
- 4.3 You agree to adhere to the working arrangements (including the Client clocking system, meal and tea breaks) that are in place at the client's premises.
- 4.4 You agree that you may be called upon to work a compressed working week, i.e. to work in accordance with a shift system of up to 12 hours a day.

5. RESPONSIBILITIES AND DUTIES

- 5.1 You undertake to perform to the best of your abilities the duties, functions and responsibilities normally associated with your position and scope of practice.

Furthermore, you shall at all times:

- 5.1.1 Adhere to the Company's Code of Conduct, a copy of which has been issued to you and is available at the office.
- 5.1.2 Disclose to the company all acts and omissions, which in the past may have constituted, or which may at any time constitute a breach by you or any other employee of its obligations to the Company arising from any cause;
- 5.1.3 Act with integrity in all dealings and transactions relating to the business and interests of the Company;
- 5.1.4 Use your best endeavours to protect and promote the business, reputation and goodwill of the Company;

5.1.5 Submit to management, or any person nominated by management, such information and reports as may be required of you in connection with the performance of your duties in the business of the Company.

5.1.6 Demonstrate loyalty, honesty and good faith to the Company in all dealings and transactions relating to business.

5.1.7 Whilst on assignment with the client (whether on an ad hoc or fixed placement) you shall at all times;

5.1.7.1 Obey all reasonable instructions issued to you by a representative of the client, and which fall within your scope of practice. Should you be allocated to perform work outside your scope of practice, you are encouraged to inform the Company. Failure to report such practice will be at your own risk. Furthermore, such conduct may be regarded as a material breach of this contract warranting summary termination hereof.

5.1.7.2 Use the assets of the Client entrusted to you with the utmost care;

5.1.7.3 Ensure that you record the accurate hours that you have worked in accordance with the system in place at the Client. It is specifically recorded that it is your responsibility to ensure that the record is kept at the Client of the hours worked by yourself.

5.1.7.4 Observe and obey all the safety and security rules of the Client and act with due care and diligence towards fellow employees or third parties with whom you have dealings, during the course and scope of your employment.

5.1.7.5 Consent to your person and/or your possessions, including any vehicle, over which you exercise control, to be searched by any person appointed by the Client to do so, with regard to compliance with the law.

6. REMUNERATION

6.1 The Company's Clients pay hourly rates to different categories and departments to the Company for work performed by the Company's employees. A schedule, containing the rates payable to you, specified with reference to the particular shifts, including rates for work on Sunday or public holidays, as well as night shift allowances, is available at the office and can be obtained upon request.

6.2 Each Client's rates are confidential and may not be disclosed by you to any person without the Client's specific permission.

6.3 You will be remunerated on an hourly basis, in accordance with the rate schedule.

6.4 It is specifically recorded that the Company's Clients, in their sole discretion, may amend the rates from time to time. It is your responsibility, prior to accepting a placement to familiarise yourself with the rate schedule. Once you have accepted a placement, it is deemed that you specifically agree to the rates specified in the rate schedule as amended from time to time.

6.5 Payment of your remuneration will be made on a weekly/monthly basis by electronic transfer into an account designated by yourself.

6.6 Payment of your remuneration is subject to confirmation of the number of hours worked for the Client in question.

6.7 No advance in remuneration will be made by the Company, unless authorised by senior management.

6.8 You are to collect your payslip weekly or monthly failing to which it can be emailed or faxed to you only at your request.

6.9 You will not be reimbursed for any travelling to and from the Client's premises, or for any travelling whatsoever.

7. DEDUCTIONS

7.1 You agree that the Company may make any statutory deductions that the Company is obliged to make by operation of law, including PAYE and UIF, from your remuneration.

7.2 By agreement with you, the Company may also deduct from your salary all amounts owed from the Company by you, or advances provided to you by the Company.

8. MINISTERIAL DETERMINATION - LEAVE

8.1 Annual Leave and Sick Leave

8.1.1 It is recorded that you have elected to receive your leave component of 5.88% as part of your hourly rate, in accordance with the variation issued by the Department of Labour

Signature for this option.....

ALTERNATIVELY

8.1.2 You are entitled to annual leave of one hour for every 17 hours for which you have worked and/or are entitled to be paid. Your normal hourly rate will then be 5.88% (deducted) less than in the first option. This amount will then be accumulative leave.

8.1.3 Your leave days will be remunerated at the same rate for hours worked at the time.

8.1.4 You may accumulate leave.

8.1.5 Your leave at all times be taken at a time convenient to the Client.

Signature for this option.....

8.2 Sick Leave

8.2.1 You are entitled to one day of sick leave for every 26 days worked in accordance with the variation issued by the Department of Labour.

8.3 Family Responsibility Leave

8.3.1 Full-time employees are entitled to three (3) paid family responsibility leave per year, after four months of continuous employment with the Company.

8.3.2 Due to the nature of your employment, Family Responsibility Leave will be unpaid.

8.4 Maternity Leave

8.4.1 You shall be entitled to four consecutive months of maternity leave, commencing from four weeks prior to the expected date of birth or such other date as a medical practitioner or midwife may deem necessary.

8.4.2 You are obliged to notify the Company in writing at least four weeks before you intend to commence maternity leave and four weeks before your return to work from maternity leave.

8.4.3 Your absence will be treated as unauthorised and may result in termination of your services should you, without a valid reason, fail to return to work on the return date as agreed with the Company.

8.4.4 Maternity leave will be unpaid leave. You will however be entitled to the appropriate UIF benefits from the Department of Labour. The Company will provide you with necessary documents for your UIF benefits prior to maternity leave.

9. RETIREMENT AGE

9.1 Your employment will terminate on the grounds of retirement at the end of the month in which you reach 65 years of age.

9.2 Your normal retirement age may be extended if such agreement is reached by the Company, yourself and the Client.

10. PROFESSIONAL INDEMNITY COVER

10.1 It is a condition of your employment that you keep and maintain, at all times during your employment and to the reasonable satisfaction of the Company, an insurance policy insuring yourself against professional liability.

10.2 You are to furnish the Company, upon your appointment and thereafter on a yearly basis, with proof that you are maintaining the professional liability insurance cover. If you are unable to supply the Company with required proof, it will form a basis for the summary termination of this agreement.

10.3 It is specifically recorded that you will not be selected for any assignment until such a time that you have satisfied the Company that you have complied with paragraph 10.2 hereof.

10.4 It is not the responsibility of the Company to supply you with an insurance policy.

11. REGISTRATION WITH PROFESSIONAL REGULATING BODIES

11.1 You are obliged to ensure at all times that you are registered or enrolled as a nurse with relevant Professional Regulating Bodies, and proof of registration or enrolment must be supplied to the Company on annual basis on or prior to 1 January of each year. Failure to comply with this duty will be regarded as a material breach of this contract, warranting the termination thereof.

11.2 It is specifically recorded that should you commit any act of gross negligence, the Company will refer the matter to the relevant professional regulating body.

12. GUARANTEE OF COMPETENCY

12.1 You guarantee that you are competent to carry out the services associated with your position and that you are properly qualified to occupy the position as envisaged herein.

12.2 Any material misrepresentation in this regard may lead to the termination of this contract and possible criminal charges.

13. ILLEGAL SUBSTANCE USE

Being under the influence of alcohol and/or any other intoxicating substance while at work is not permitted at all. Should you test positive for any intoxicating substance for example, alcohol and/or drugs, you may face disciplinary action and may be dismissed following a disciplinary enquiry. By accepting the terms of this written contract of employment, you provide your consent for the Company to subject you at any time or place to alcohol and/or drug testing. In the event that this becomes necessary and should you refuse to undergo a test, you will be in breach of your contract of employment which may result in the termination of your employment.

14. TERMINATION

14.1 Your employment with the Company may be terminated on notice as follows:

14.1.1 During the first six months of employment with the Company, on one week's notice;

14.1.2 After the six months of employment with the Company, on two weeks' notice;

14.1.3 After the first year of employment with the Company, on four weeks' notice in writing.

14.2 Notice of termination of employment may not be given during any period of leave, inclusive of sick leave.

- 14.3 Should you become incapacitated or incapable of performing your duties as envisaged in this agreement by reason of physical or mental incapacity, your employment with the Company shall be terminated.
- 14.4 The Company may terminate your employment summarily, following a disciplinary hearing, at any time if:
- 14.4.1 You are guilty of serious misconduct;
- 14.4.2 You commit a breach of material obligation under this agreement;
- 14.4.3 You have committed an act which would in common law entitle the Company to summarily terminate the agreement.
- 14.5 You may summarily terminate the contract if:
- 14.5.1 The Company commits breach of a material obligation under this agreement; or
- 14.5.2 The Company has committed any act which would in common law entitle you to summarily terminate this agreement.
- 14.6 Upon termination of your services for any reasons whatsoever, you shall deliver to the Company and/or the Client on the date of termination of your employment all assets, records, documents and any paper of any description within your possession or control relating to the affairs of the business of the Company and the Client, whether or not they were originally supplied by the Company or the Client. Furthermore, all property of the Company or the Client in your custody during your employment with the Company, or with placement with any Client, including all books, tapes, written and or typed records, documents, accounts, notes, memoranda and paper of every description which relates to the business of the Company and/or Client is and shall remain the property of the Company and /or the Client and may not be removed during or upon termination of your employment except with the express approval of the Company and/or the Client.
- 14.7 The Company may terminate the contract before its end date, due to operational requirements.

15. CONFIDENTIAL NATURE OF WORK

- 15.1 You will not at any time, either during your employment or after the termination, without the prior express written consent of the Company, the Client and the patient, divulge, reveal, publish or otherwise communicate to any person, firm or company (other than to an officer or employee of the Company who should know) any information about the Company or its Clients and the patients, nor about the markets in which they operate, nor about their products to anyone not authorised to know, unless you have a specific permission from the Company, the Client and the patient to do so.
- 15.2 You will respect the confidentiality of such information and will use your best endeavours to prevent the disclosure or publication (other than aforesaid) of any the writings made by you relative to the business of the Company.
- 15.3 You will also adhere to the Confidentiality Policy of the Company, which is available in the Office.

16. GENERAL

- 16.1 The Company has compiled a comprehensive manual which contains a large number of policies which are applicable to you. A copy of the manual may be obtained from the Office.
- 16.2 This agreement reads together with any fixed placement agreement the parties may enter into constitute the entire agreement between you and the Company with regard to your employment relationship with the Company and replaces all other agreements and understandings.
- 16.3 No indulgence or condemnation by the Company of any breach of the any terms of the contract by you shall constitute a waiver of any of the Company's rights in terms of this agreement. No amendments of this contract shall be valid unless reduced to writing and signed by both you and the Company.

17. CONCLUSION

Kindly indicate your formal acceptance of this appointment by signing the copy of this letter in the space provided. The signed copy is for record purposes and will be placed in your personal file. I would like to take this opportunity of welcoming you and wishing you a long and successful career with the Company.

Yours Sincerely,

Human Resources Manager

ACCEPTANCE OF THE OFFER OF TEMPORARY PLACEMENT

I hereby confirm that I have received a copy of this letter and that the contents thereof have been explained to me. I furthermore confirm and understand and accept the terms and conditions contained herein.

Signature: _____

ID: _____

Name: _____

Date: _____