

PCNS UPDATE FORM

PLEASE NOTE

1. The completed update form can be sent to pcns_admin@bhfglobal.com
2. Please be advised that as part of the update process PCNS is required to verify the state employ of each Healthcare Service Provider through the DPSA search (<http://www.dpsa.gov.za/psearch/>). In order to ensure that your application form is processed timeously please ensure that the necessary approvals (RWOPS Certificate/Resignation letter/Sessional work confirmation /Work Contract) have been submitted together with your application form. Please also supply the contact details of the persons responsible to confirm the approval/resignation.

PRACTICE DETAILS

Practice number: _____

Practice Name: _____

CONTACT DETAILS FOR PERSON RESPONSIBLE TO CONFIRM YOUR RWOPS APPROVAL

Name and Surname _____ Designation _____

Telephone Number _____ E-mail address _____

NB: Please be advised that due to the external validation process with your employer for your RWOP, the updating of your practice information will be delayed.

Practice Postal Address _____

Practice Physical Address _____

Suburb _____

Suburb _____

Town _____

Town _____

Code _____ Province _____

Code _____ Province _____

Telephone Number (_____) _____

Cell Number (_____) _____

(If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field)

E-mail Address _____

I, the undersigned, hereby declare that this above information is valid, correct and reflects my personal information as on the date of signature hereof.

SIGNATURE OF APPLICANT

DATE

FULL NAME AND SURNAME OF SIGNATORY

Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196

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