

REPLACEMENT AMBULANCE STAFF MEMBER 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 employee/s linked to the Ambulance Service through the DPSA search (<http://www.dpsa.gov.za/psearch/>). To ascertain which of your employees may be employed by the state please utilise this link and capture your employee's ID number for results. In order for update to be processed timeously please ensure that the necessary approvals (RWOPS Certificate/Resignation letter/Sessional work confirmation /Work Contract) have been submitted for each replacement staff member should they be employed by the state together with your application form. Please also supply the contact details of the persons responsible to confirm the approval/resignation.

Required Documents for new staff member/s

- Certified copy of ID document
- Certified copy of Driving license and Professional Driving Permit (PDPs), valid for the current year,
- Certified copy of HPCSA certificate
- Copy of HPCSA Practitioner Card for the current year
- Copy of Employment contract for all staff member, signed by both the employee and employer
- Copy of Certificate: Approval of other Remunerative Work, confirming that your staff member has the necessary permission to practice outside of the conditions of their employment with the state (where applicable)

SUPPORTING DOCUMENTATION

This update **WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION** by a South African registered Commissioner of Oaths authority. **The commissioner of oaths should be someone who is impartial, unbiased, not related to the Healthcare Service Provider (HSP) and who has no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP or any colleague of the HSP).** The stamp on the certified document must be dated, include the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS **and valid for a period of (6) months from date of submission.** Please note that the BHF policy requires that in order to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licencing authority in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act. No 131 of 1998).

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



P O Box 2863, Saxonwold, 2132
clientservices@bhfglobal.com



T +27 87 210 0500



DIRECTORS NJ Khaoue (Chairperson) • HL Nhlapo (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • ME Dlamini (eSwatini) • JH Joubert • TB Makoetlane (Lesotho) • S Martinus • AK Mia Hamdulay • CM Mokgosana (Botswana) • BOS Moloabi • N Nyathi • C Raftopoulos • SN Sanyanga • HC Schäfer (Namibia) • H. Stephens • MC Wilson

REPLACEMENT AMBULANCE STAFF MEMBER UPDATE FORM

Please complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay in the processing of your application for a PCN and lead to errors in the information captured

STAFF MEMBER DETAILS

Title _____ Initials _____ First Names _____ Surname _____
 ID Number _____ Council Number _____
 Government employee (Yes) or (No)
 If yes, please provide Certificate: Approval of other Remunerative Work

CONTACT DETAILS FOR PERSON RESPONSIBLE TO CONFIRM THE EMS STAFF MEMBER'S 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 issuing of your practice number will be delayed.

AMBULANCE SERVICE DETAILS

Service Practice Number _____

Practice Postal Address _____

Suburb _____

Town _____

Code _____ Province _____

Telephone 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)

Practice Physical Address _____

Suburb _____

Town _____

Code _____ Province _____

Cell Number (_____) _____

E-mail Address _____

I, the undersigned, hereby declare that this above information is valid as on the date of signature hereof.

SIGNATURE OF EMS OWNER

DATE

EMS OWNER'S FULL NAME AND SURNAME

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



P O Box 2863, Saxonwold, 2132
clientservices@bhfglobal.com



T +27 87 210 0500



DIRECTORS NJ Khaoue (Chairperson) • HL Nhlapo (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • ME Dlamini (eSwatini) • JH Joubert • TB Makoetlane (Lesotho) • S Martinus • AK Mia Hamdulay • CM Mokgosana (Botswana) • BOS Moloabi • N Nyathi • C Raftopoulos • SN Sanyanga • HC Schäfer (Namibia) • H. Stephens • MC Wilson