

Locum Candidate Name: \_\_\_\_\_

Identity / Passport Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Council Registration Number: \_\_\_\_\_

Profession: \_\_\_\_\_ Grade: \_\_\_\_\_

Public Liability Insurance and Reference Number: \_\_\_\_\_

Diploma / Specialists / Consultant: \_\_\_\_\_ (Specify)

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

 Private and Independent Contractor 

 State / Government Employed and permission is granted to perform other remunerative work. (RWOPS) 

Day worked	Date DD/MM/YYYY	ON SITE - DAY SHIFT 06:00 - 18:00				ON SITE - NIGHT SHIFT 18:00 - 06:00				OFF SITE – HOURS				Facility Authorized Signatory
		Time on duty	Time off duty	Lunch Break Minutes (unpaid)	Total billable hours On site	Time on duty	Time off duty	Lunch Break Minutes (unpaid)	Total billable hours On site	Time on duty	Time off duty	Total hours Off site	MRG – office use: 30% calculations Total billable Offsite hours	
Monday	/ /	H	H			H	H			H	H			
Tuesday	/ /	H	H			H	H			H	H			
Wednesday	/ /	H	H			H	H			H	H			
Thursday	/ /	H	H			H	H			H	H			
Friday	/ /	H	H			H	H			H	H			
Saturday	/ /	H	H			H	H			H	H			
Sunday	/ /	H	H			H	H			H	H			

### Locum Candidate:

By completing and signing this Timesheet, I, the Locum Candidate, declare, that I am a registered Medical & Healthcare Professional, eligible to work in South Africa as an Independent Practitioner. I am an Independent Contractor and I agree to the Terms & Conditions supplied by Medical Resources Group ( Pty ) Ltd. I indemnify Medical Resources Group , its Directors / Shareholders and its employees against any claim made by this client or it's patients, as a result arising from any act or act of negligence or misconduct on the part of my service carrying out while on duty.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Client

I, confirm that I am an authorized signatory for my ward / department. I am signing to confirm that the above-mentioned hours worked the Locum Candidate are accurate. I understand that if I knowingly provide false Information, this may result in a disciplinary action and I may be liable to prosecution and civil recovery proceedings. I further agree that all information provided on this Locum Timesheet will be kept confidential and will not be disclosed unlawfully with any unauthorised third parties. Information will be kept secure and confidential in terms of the requirements as set out in the Protection of Personal Information Act 4 of 2013.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_