



40 Standard Street
Gauteng
Nigel

Private Bag X 132E
Nigel
1490

Tel: 011 739 4200
Fax: 011 739 4203

www.alos.co.za

APPLICATION - DOCTORS DEVISION

PERSONAL INFORMATION:

1 Title: First name(s): Surname:

Date of birth:/...../..... Nationality: Id / Passport Number:

Visa Type: Home Language: Second Language:

Other Language(s): Home Telephone: Cell Number:

Cell Number (2): Email Address: Physical Address:

.....

.....

Gender: Male Female Other

Marital Status: Married Single Widowed Divorced

Employment Equity: Black White Coloured Indian Other

SKILLS

2 Please tick the areas that describe your work experience. Remember that you will be held professionally accountable. (Pleas tick only ones that you have recent experience with, in the last 2 years)

Sector	< 1 Year	1-2 Years	> 2 Years	Sector	< 1 Year	1-2 Years	> 2 Years
MO CASUALTY				MO OTHER			
Casualty ACLS				Disability Grant			
Casualty ALS				Forensic Medical Officer			
Casualty ATLS				MO SPECIALISED			
Casualty BLS				Anaesthetics			
Casualty FMA				ARV			
Casualty PALS				Audiology			
MO GENERAL				Aviation Medicine			



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Sector	< 1 Year	1-2 Years	> 2 Years	Sector	< 1 Year	1-2 Years	> 2 Years
MO CASUALTY (Continued)				MO SPECIALISED (Continued)			
GP				Biochemistry			
General Medicine				Cardiology Adult			
GP - Dispensing License				Cardiothoracic Surgery			
MO PRIMARY				Dermatology Gastro			
Family Planning				Dermatology Geriatric			
Termination of Pregnancy				ENT Surgery			
OPD				Gastroenterology			
Internal Medicine				Genito-urinary Medicine			
HIV				Geriatrics			
TB				Good Clinical Practise			
MO Paediatrics				Histology			
Paediatrics				ICU			
Paediatrics General				Marine Medicine (Sports & Professional Driving)			
Paediatrics Surgery				Medical Scientist			
MO SPECIALISED (CONTINUE)				RAIOLOGY			
Military				Radiologist			
Mountain Medicine				Radiographer			
Neonatal				Radiology Nuclear			
Nephrology				Radiology Therapy			
Neuro Surgery				Radiology Ultrasound			
Neurology				Radiology Assistant			
OBS and Gynae				Sonographer			



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Sector	< 1 Year	1-2 Years	> 2 Years	Sector	< 1 Year	1-2 Years	> 2 Years
MO SPECIALISED (CONTINUE)							
Occupational Health							
Oncology							
Ophthalmology							
Oral Surgery							
Orthopedy							
Pathology							
Plastic Surgery							
Rheumatolgy							
Surgery							
TB							
Urology							

Security Check

3 Do you have a criminal record? Yes No
 if yes, specify

Are you listed with ITC? Yes No
 if yes, specify

Professional References

4 1. Position Held: Duration:
 Institution:

Contact Person: Contact Number:

2. Position Held: Duration:
 Institution:

Contact Person: Contact Number:

3. Position Held: Duration:
 Institution:

Contact Person: Contact Number:



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Declaration

5 I have attached clear certified copies of the following documentation:

- Identify Document / Passport
- Visa and Passport (where applicable)
- Curriculum Vitae (Word or PDF format)
- Proof of Registration with Regulatory Body
- Proof of Tax Number
- Statement of Academic Record / Transcript
- Proof of Bank Account (stamped)
- Marriage Certificate / Name Change Documents

- I hereby authorize ALOS BUSINESS SOLUTIONS (pty) LTD and their verification agents to forward any personal information as well as any information that I have provided in support of my application to verification information suppliers acting on behalf of ALOS BUSINESS SOLUTIONS (pty) LTD or the verification agents (including but not limited to the South African Police Services, the Government of the RSA, educational, training, credit bureau and fraud prevention organisation) for the purpose of verifying my personal credentials and records.
- I agree that ALOS BUSINESS SOLTIONS may withhold payment of my salary until such time that they are furnished with the above mentioned documents.
- I declare that the above information is correct and accurate.
- I declare that the information in my Curriculum Vitae is correct and accurate.
- I declare that I am eligible to work and that have completed the necessary RWOPS forms if applicable.
- Professional Indemnity - I understand that I need to have professional indemnity cover in place at all temporary assignments and I will not undertake assignments without ensuring that this cover is in place.
- I undertake to complete my duties and obligations to the client to which I am assigned to.
- I understand that my assignment, conditions of service and remuneration will be per the applicable legislation, rules and regulations.
- I hereby agree that ALOS BUSINESS SOLTIONS (pty) Ltd will be the sole employment agency to facilitate any locum, contract or permanent employment that my derive directly or indirectly from any position that my stem from my application to ALOS BUSSINESS SOLUTIONS (pty) LTD and /or their clients.
- I declare that I am eligible to take up employment within South Africa, I am currently registered and in good standing with the appropriate regulating body for my profession.

Signed: Date: