



MEDICAL HUMAN RESOURCES (PTY) LTD
 TRADING AS
 MEDI-NURSE MEDI-Staff

Permanent Placement

Purpose

The purpose of this policy is to describe the steps regarding the handling of a permanent placement

Scope

This policy applies to:

- MHR Clients
- MHR Chief Executive Officer
- MHR Accountant
- Branch Manager
- Recruitment Consultant
- Admin Clerk

Policy Statement

- Ensure that all potential permanent placement candidates get loaded on DRM
- Available positions at clients to be checked weekly on the DRM system
- A recruitment fee is payable to MHR for all MHR agency coded candidates on DRM.
- Client to inform MHR of permanent placement

Procedure

Recruitment Consultant / Branch manager to implement the following steps:

Step	Action
1	Invite candidate for an interview. See policy: Recruitment
2	Forward successful panel member's application documents, including the Registration Information document, to the Admin clerk for loading onto DRM
3	Check DRM weekly for available positions
4	Apply for a potential permanent placement candidate if there is positions available and inform candidate
5	Send best suited candidates CV's to the client's HR manager via the DRM email system with a short description

Recruitment Consultant / Branch manager to implement the following steps:

Step	Action
6	Check DRM monthly for the status of the potential candidates to determine if they were appointed by a Medi-Clinic client.
7	<p>Send an email to the HR Manager of the client where the panel member has been appointed to confirm the permanent appointment of the agency candidate, request the following:</p> <ul style="list-style-type: none"> • Client name • Address • Contact person (email address) • Client VAT number • Candidate/s name/s and surname/s • Jobtitle • Appointment date • Annual salary <p>Inform client that they must expect a placement fee when confirming the appointment</p>
8	<p>Send confirmation of appointment to MHR Accountant for invoicing with the following information:</p> <ul style="list-style-type: none"> • Client name • Address • Contact person (email address) • Client VAT number • Candidate/s name/s and surname/s • Jobtitle • Appointment date • Salary • Commission %

Admin clerk to implement the following steps:

Step	Action
1	<p>Admin clerk must load the CV on DRM and complete the comments column (information to be obtained from Registration Information document) with the following information:</p> <ul style="list-style-type: none"> • Name of recruiter • Date of interview • Reference checked • Availability of candidate (immediate or 1 month notice) • Summary of interview

MHR Accountant to implement the following steps:

Step	Action
1	Invoice the client according to the confirmation email received from Branch manager. <ul style="list-style-type: none"> Permanent placement commission is as per signed service level agreement (10% of annual bonus salary) unless negotiated by client due to specified recruitment actions done by the client.

Client to implement the following steps:

Step	Action
1	Inform MHR of any appointments of agency candidates NB: Client confirm permanent placement when forwarding information, as mentioned in step 7, to MHR consultant / Branch manager.
2	Client to communicate with MHR should there be a dispute on a specific candidate
3	Settle account within 30 days.

**Associated Documents**

Title	Location/Number
Recruitment policy	MHR36
Interview – Medi-Staff policy	MHR31
Registration Information	Addendum





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Registration Information

Name and Surname _____

Job Description _____ **Registration Date** _____

I hereby acknowledged that during registration I received the following documentation:

- | | | | |
|--------------------------|--|--------------------------|---------------------------------|
| <input type="checkbox"/> | Medical Human Resources Agreement | <input type="checkbox"/> | Needle Stick Injury |
| <input type="checkbox"/> | Medical Human Resources Information Brochure | <input type="checkbox"/> | Injury on Duty |
| <input type="checkbox"/> | Tariff Structure | <input type="checkbox"/> | How to Write an Incident Report |
| <input type="checkbox"/> | Personnel Assessment | <input type="checkbox"/> | Scope of Practice |

Next of kin:

Name: _____ Contact no: _____ Relationship: _____

 Signature Panel Member Date

For office use only

Documentation received: Copy of ID Prof. License Receipt Indemnity
 Tax ID Photos Bank details
 Qualification PDP license

Pay Advice Requested: Yes No Sent to: _____

Comments:

General Appearance: _____

Communication Skills: _____

Preferred Department: _____

Qualification: _____

Experience: _____

Current Employment: _____

Reference Check: _____

Other: _____

Interviewed by: _____ **Signature:** _____

Theoretical assessment: _____% Practical Assessment: _____%

Orientation: Hospital: _____ Unit: _____ Date: _____

Ready for Placement: Yes No

Registration Fee: Orientation Fee: Personnel Number: _____