** Ref: G/5/1/7**

Sub directorate: Foreign Workforce Management

Tel no: (012) 395 8686 / 8685 Fax No: (086) 529-5305 / 6

Room 1011 Civitas Building, Private Bag X828, PRETORIA, 0001

Dear Applicant

The Sub directorate: Foreign Workforce Management (FWM) of the National Department of Health in South Africa (SA) acknowledges your application and wish to request you to please complete the attached application form and forward the applicable documents (**original certified copies**) to the Department. A comprehensive portfolio of your person and profession is required.

**Please read this:** It is, at this stage of your application, critically important to understand a few basic principles of the Department’s policy:

**SA HEALTH SECTOR: FOREIGN RECRUITMENT POLICY: BRIEF SUMMARY**

RECRUITMENT AND EMPLOYMENT OF FOREIGN HEALTH PROFESSIONALS IN THE SOUTH AFRICAN HEALTH SECTOR

* PURPOSE: To regulate the recruitment, employment, migration and support towards residency status of foreign health professionals in South Africa
* BACKGROUND: Recruiting suitably qualified persons with proven skills and experience. Specific preference is given to recruitment from countries where the training and education meet the minimum requirements for training and education of health professionals in SA. The primary aim to allow for recruitment from abroad is to deploy health professionals with the relevant skills and competencies to work in under-serviced / remote / rural areas of South Africa.
* LEGAL RIGHTS: Recruitment and employment remain the prerogative and is entirely at the final discretion of the Employer in SA. Applicants must meet minimum employment requirements.
* GENERAL POLICY PRINCIPLE: No foreign health worker who resides outside of SA may depart to South Africa to practice his or her profession or to seek employment without a formal FWM-letter of endorsement (serving as invitation).
* DIRECT RECRUITMENT: Recruitment of individual applicants from developing countries will not be endorsed by the Department, unless in the presence of a specific government-to-government agreement.
* EMPLOYMENT CONTRACTS: Up to three years.
* POSTGRADUATE TRAINING: Preference to SA citizens and Permanent Residents. Foreign applicants accepted as unpaid Supernumerary Registrars. Must be fully sponsored by home government. Must accept: No job offers, no examination / registration to practice, no migration.
* EXCHANGE REGISTRARS: Structured regulated one-year paid exchange programme, no migration.
* EDUCATION (Lecturers/academic appointments): Initial period not exceeding three years, post must be duly advertised, no migration.
* INTERNSHIP: SA citizens with foreign qualifications and selected SADC countries only, no further job offers to SADC applicants, return to home country.
* COMMUNITY SERVICE: Constitutes full-time employment, no foreign health professionals, except those who have qualified in South Africa and who have secured permanent residence / citizenship.

# NDOH certification: Only FWM issues letter of endorsement and certification in terms of the Immigration Act (all permits), and to every amendment / extension thereof. Employing Provinces to monitor validity of work permits quarterly and study / treaty permits annually. No migration, unless endorsed by the FWM.

Application to the FWM is only a presentation of your candidature for consideration to endorse towards further processes.

Applicants who are residing abroad are strongly advised not to depart to South Africa unless invited in writing by the **National Department of Health** only. Applicants are, for their own interest, also advised to familiarize themselves with the relevant immigration legislation and not to depart to South Africa to promote their applications with the Department.

It is the view and commitment of this Department to honour all International bi-lateral and multi-lateral agreements in this regard, including restrictions to recruit from developing countries, unless there are firm country-to-country recruitment agreements in this regard or a particular memorandum of understanding between countries that facilitates the recruitment and deployment processes.

This letter also does not guarantee support towards a temporary residence permit in SA, any level of employment, post or position or registration with any Health Professional Council in South Africa. Each application will be considered on merit and in terms of National and international recruitment initiatives. Successful applicants will be duly informed in writing, in which applicants will be informed of the next step in the process of registration and subsequent employment / studies.

Please be informed that the main aim of the FWM is to support the staffing needs of rural areas in SA and in particular to endorse applicants to eventually fill identified long-standing vacancies in the less-urbanized service areas. Applicants should note that they would not be recruited to the urbanized areas unless there are valid reasons for such recruitment.

**No fees are charged by the FWM**. The Department’s service is administrative in nature and regulated by existing policies and relevant legislation. Delays may occur when all relevant documentation is not presented together with applications. The Department charges no fees for issuing any document to support your application. The Department has a zero tolerance for any form of bribery. Misrepresentation regarding your application will immediately terminate all support for possible employment or education opportunities in SA. Personal visits by applicants to staff of the Sub-directorate: Workforce Management is discouraged. Should an applicant request for a personal interview, such visit shall only be allowed by prior arrangement. This letter, therefore, does not serve as an invitation to depart to South Africa, should you still be abroad. Applicants are requested to approach the FWM Call Centre at the following numbers during normal office hours (08:00 to 15:30):

Mr Mangaliso Mpeqeka (012) 395-8686

Ms Brenda Machebele (012) 395-8685

Yours sincerely

**MR HJP GROENEWALD**

**DIRECTOR: WORKFORCE MANAGEMENT**

GUIDELINES TO APPLICATION FORM

To be completed by all foreign health professionals and foreign qualified health professionals wishing to secure registration, work permit, study permit, treaty permit, volunteer employment and / or permanent residence in South Africa

1. The FWM deals with a large number of applicants. Please allow 3 – 4 weeks for the processing of your application. You may fax / e-mail reminders / appeals.
2. Applicants who clearly do not qualify in terms of current recruitment strategies / initiatives / policy principles, should reconsider applying. Applications in this category will not be prioritised and applicants should allow a minimum of 2 – 3 months for a response.
3. All required documents should be submitted with this form, to ensure speedy processing of your application.
4. Any documents that do not apply to you, or that you cannot obtain / submit immediately, can be declared in your covering letter and submitted later.
5. Please take note that the FWM requires **original certified copies** of all educational certificates, previous professional registration outside SA, (where applicable) and certificates of employment. Upon securing a letter from the FWM, you will have to apply to the relevant Health Professional Council for exams / registration. The Council will have other requirements in that it may require originals or sealed notarised copies of your educational qualifications and previous registration . Please prepare therefore in good time if successful with the FWM.
6. **If successful and endorsed towards employability, the FWM will secure a job offer on your behalf from Public Sector Health institutions. The Department has prioritised areas of need with specific preference to rural understaffed areas and for national initiatives / strategies.** Due to the mal-distribution of health professionals in the Public Health Sector, the FWM prefers that you do not seek employment on your behalf, unless permitted in writing by the FWM.
7. **MOST IMPORTANT: You must write a detailed covering letter to the FWM that should explain and elaborate on your personal and your professional status. This letter should guide the Department to entertain your application as per your specific requests.**
8. **Presentation of documents to the FWM should be in writing (per hand / post / courier). Please take note that any application documentation received by email or fax will not be accepted under any circumstances. Only Enquiries and reminders can be sent via e-mail and faxed.**

**Postal Address: Courier Address:**

**Private Bag X828 Room 1013/1014, Civitas Building**

**Pretoria Corner Andries and Struben Streets**

**0001 Pretoria, 0002**

**Fax numbers: 086 632 9768 / 086 632 6364 or (012) 395 8487 (enquiries and reminders only – see 8 above)**

**E-mail contact addresses: (enquiries and reminders only – see 8 above)**

**machab@health.gov.za**

**mpeqem@health.gov.za**

FWMP APPLICATION FORM

**SECTION 1: PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **HAVE YOU APPLIED TO THE FWMP BEFORE?****(Please do not re-submit old documents, only new relevant documents)** | **YES** | **NO** |
| **TITLE** | **MR** | **MRS** | **MISS** | **DR** | **PROF** |
| **SURNAME****(As it appears in your passport/ID/ Refugee Permit))** |  |
| **FIRST NAMES****(As it appears in your passport/ID/Refugee Permit)** |  |
| **MAIDEN NAME (IF APPLICABLE)** |  |
| **PREVIOUS NAMES / ALIASES** |  |
| **PROFESSION** | **MEDICAL DOCTOR** | **NURSE** | **PHARMACIST** | **DENTIST** | **OTHER** |
| **IF OTHER, SPECIFY:** |
| **WHAT ARE YOU APPLYING FOR?** | **COUNCIL EXAMS / REGISTRATION / EMPLOYMENT** | **INTERNSHIP** | **VOLUNTEER** | **COMMUNITY SERVICE** | **POST GRADUATE STUDIES** |
| **OTHER (SPECIFY):** |
| **GENDER** | **MALE** | **FEMALE** |
| **COUNTRY OF CITIZENSHIP** |  |
| **CURRENT COUNTRY OF RESIDENCE** |  |
| **RESIDENTIAL STATUS** **(IF RESIDING IN SA)** | **VISITOR PERMIT** | **STUDY PERMIT** | **WORK PERMIT** | **ASYLUM SEEKER (SECTION 22 PERMIT)** |
| **FORMAL REFUGEE (SECTION 24 PERMIT)** | **ACCOMPANY SA SPOUSE** | **ACCOMPANY SPOUSE (FOREIGN)** | **OTHER** |
| **IF OTHER, SPECIFY:** |
| **DATE OF ARRIVAL IN SA:** |
| **PASSPORT NUMBER / REFUGEE ID / SOUTH AFRICAN ID** |  |
| **DATE OF BIRTH** |  |
| **MARITAL STATUS** | **NEVER MARRIED** | **MARRIED** | **LIFE-PARTNER** | **DIVORCED** | **WIDOWED** |
| **SPOUSE** | **NAME** | **CITIZENSHIP** | **PASSPORT / ID** | **DATE OF BIRTH** |
|  |  |  |  |
| **CHILDREN** | **NAME** | **CITIZENSHIP** | **PASSPORT / ID** | **DATE OF BIRTH** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **TELEPHONE** | **HOME:** | **WORK:**  | **MOBILE:** | **FAX:** |
| **E-MAIL ADDRESS** |  |
| **ADDRESS** | **POSTAL:** | **RESIDENTIAL:** |
| **ALTERNATIVE CONTACT PERSON** | **NAME:** | **TEL:** | **FAX:** |

**SECTION 2: EDUCATION AND WORK EXPERIENCE**

|  |  |
| --- | --- |
| **COUNTRY WHERE YOU OBTAINED YOUR BASIC QUALIFICATION** |  |
| **TYPE OF BASIC DEGREE (EG. DIPLOMA / BACHELOR’S / MASTERS / DOCTORATE ETC)** |  |
| **DATE COMPLETED:** | **DURATION:** |
| **INTERNSHIP (IF APPLICABLE)** | **DATE COMPLETED:** | **DURATION:** |
| **DO YOU HAVE INTEREST IN ANY PARTICULAR CLINICAL AREAS?**  | **YES** | **NO** |
| **SPECIFY:** |
| **DO YOU HAVE ANY POSTGRADUATE QUALIFICATIONS?**  | **YES** | **NO** |
| **SPECIFY:** |
| **ARE YOU REGISTERED AS A SPECIALIST IN ANY COUNTRY?** | **YES** | **NO** |

REQUIRED DOCUMENTS: APPLICATIONS FOR ENDORSEMENT

PLEASE NOTE THAT UNLESS ALL REQUIRED / RELEVANT DOCUMENTS ARE SUBMITTED, YOUR APPLICATION WILL NOT BE CONSIDERED

**All applicants must supply the following original certified documents:**

* **Formal application letter**, indicating specific reasons for application and requesting endorsement from the FWM (Original document)
* Copy of passport / Identity Document / Refugee Status / Permanent Residence **Certificate** (not just stamp in passport)
* Curriculum Vitae (Original document)
* Qualifications (basic and specialist – include translations if necessary)
* Professional Registration (All previous professional registrations)
* Reference letters / service certificates of previous employers

**If married / have children, the following documents are required:**

* Spouse’s passport / Identity Document / refugee status / permanent residence certificate
* Copies of children’s birth certificates / passports / Identity Documents / refugee status / permanent residence certificates

**If married / life-partner to a South African citizen / permanent resident, the following documents are required:**

* **Original certified copy** of spouse’s / life-partner’s identity document (not older than 30 days at time of submission)
* **Original** electronic marriage certificate / **certified copy** of life-partner agreement (not older than 30 days at time of submission)
* **Original certified copy** of residence permit, indicating “to reside with SA spouse / life-partner”
* **Police affidavit** signed by spouse / life-partner, clearly stating that you are co-habiting, that your spouse / life-partner supports your employment in South Africa and that he / she is willing to relocate with you wherever you are posted
* **Attached form** with full contact details of South African spouse / life-partner

**If married to a non-South African who is employed in South Africa, the following documents are required:**

* **Original certified copy** of spouse’s employment contract
* **Original certified copy** of spouse’s work permit
* **Original certified copy** of spouse’s latest salary slip
* **Original** letter from spouse’s employer confirming employment (not older than 30 days at time of submission)

**If you wish to study in South Africa, the following documents are required:**

* J1-Visa forms (**attached**)

* Letter of acceptance from educational institution, clearly indicating the start and end dates of study, as well as the specific course that you intend to study.

**Professional Registration**

* This form is not used to secure professional registration in SA since each health professional council has its own requirements and applications forms. A health professional council in SA will not consider applications for registration without an appropriate letter of endorsement issued by the FWM.

***Statement by applicant:***

I have duly read and understand the content of this application form.

I hereby certify that all statements made by me in this form are true and correct to the best of my knowledge and substantiated by the attachments hereto.

I understand that a file will be opened and all the relevant information will be captured on the foreign workforce database.

I hereby request, as detailed in my covering letter, the FWM to endorse / support applications on my request / behalf based on the evidence on my records.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## APPLICANT SIGNATURE DATE