**APPLICATION FOR A HONORARY SUPERNUMERARY APPOINTMENT – CLINICAL ROTATIONS**

Surname (Last Name): ……………………………..…………………………………………………………………….

First Names (s): ……………..……………………………………………………………………………………

Home tel nr: ………………………………..… Mobile: ……….………………………..………

Email: ……………………………………………………………………………………..…………….

Postal Address: ……………………………………………………………………………………………………

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**Position applied for**:

Clinical Rotations - Supernumerary √ Period: Two Years □ One Year □

**Institution where you are seeking initial placement:**

Charlotte Maxeke Johannesburg Academic Hospital □ Chris Hani Baragwanath Hospital □

*Please note that your training and service might not only take place in the hospital where you will be appointed, but also in all Wits affiliated teaching hospitals. Initial placement requests may be amended at the discretion of the University or the Head of the Department of Family Medicine*

Department /Section: DEPARTMENT OF FAMILY MEDICINE – CLINICAL ROTATIONS

Period Applied for: From ……………………………………….…. to …………………………………………..

**UNDERTAKING** (by applicant/candidate):

In support of my application I, the undersigned, hereby record my intent to abide by the terms of an appointment on the guidelines printed on page two of this document as well as all official rules and regulations applicable to the Hospital

Signed: ………………………………………………………. Date: ……………………………………

**For Office Use:**

**Head of Department**: Do you RECOMMEND this appointment: YES □ NO □

Comments (if any): ………………………………………………………………………………………………………...

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Signed: ………………………………........ Date: …………………………………...…..…

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| *PLACE DEPT STAMP HERE* |

***NB: PLEASE ATTACH TO THIS FORM, A LETTER OF SUPPORT BY THE HOD*.**

**Area Superintendent** comment/recommendation: ………………………………………………………………………...…………………….…

Signed: ………………………………… Date: …………………………………

**GUIDELINES FOR THE INFORMATION OF APPLICANTS FOR HONORARY**

**SUPERNUMERARY APPOINTMENTS IN CHRIS HANI BARAGWANATH HOSPITAL AND CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL**

1. *A Supernumerary appointee is*

* Not automatic but dependent on, inter alia, factors such as service needs, duties, cost generated and acceptability of proposals etc.;
* Made for a specific purpose, on a specific capacity and for the duration of the envisaged task or accreditation status, up to a maximum of one year;
* Renewable if the circumstances warrant it;
* Alternatively also liable to termination on 24 hours’ notice from either side due to changed circumstance at the discretion of the Chief Executive Officer;
* Subject to a code of conduct with demonstrates respect for patients’ rights and a willingness to subscribe to the vision, mission and strategic goals of the hospital;
* Limited to the scope of practice for which the appointee is registered by his/her statutory authority;

2. *A Supernumerary appointee is*

* Obliged to furnish written proof of registration by a Statutory Authority and insurance against possible medico-legal claims resulting from patient related activities **prior to commencing duties**;
* Not remunerated for services rendered or compensated for any injury or illness related to his/her activities and therefore advised to consider adequate cover against any resulting loss of capacity or means,
* Responsible for the proper care and ultimate return of hospital property such as an identity card and communication and/or safety devices issued to him/her, as the cost of these items and of hospital

equipment damaged, destroyed or lost as a result of negligent or improper use thereof may be recovered from him/her