

**LABORATORY ASSISTANT**  
GLYNNWOOD LABORATORY, BENONI



**DO YOU MAKE CLIENT CARE A PRIORITY? WE DO. IF YOU DO, JOIN OUR TEAM**

PathCare is a partnership of pathologists in private practice across South Africa that has been assisting doctors and healthcare professionals determine and confirm diagnoses since 1922. We are registered with the HPCSA (Health Professions Council of South Africa), and all our laboratories are SANAS accredited.

An opportunity exists for a Laboratory Assistant to join the PathCare team in the Clinical department at our Glynnwood laboratory in Benoni. We seek an individual with a high level of ethics and integrity who displays a proven track record of aligning with the PathCare Vermaak values.

**Key Competency Requirements**

- Grade 12 (Matric)
- Registered with the HPCSA as a Laboratory Assistant in Clinical pathology.
- Computer literate
- Relevant experience in a busy specimen reception department
- Experience with handling challenging queries is advantageous.
- Experience with managing on hold list and incomplete reports is advantageous.
- Client-focused with excellent attention to detail
- Display initiative and the ability to problem-solve
- Effective communication and interpersonal skills with the ability to work under pressure, independently as well as in a team.
- A positive attitude & flexible workstyle
- A strong sense of devotion to quality
- Must be fluent in English with an understanding in Afrikaans.
- Must be prepared to work shifts, weekends & public holidays.
- Must have an acceptable track record/performance record regarding the technical and behavioural competencies required to perform in this position.

**CLOSING DATE: Friday, 13 December 2024**

Join the PathCare team and enjoy partnering with thought-leaders and experts in the pathology and diagnostics field while impacting on the lives of patients. **Your contribution to the company will be rewarded with a market-related remuneration package which includes a retirement fund contribution and risk benefits (Group Life & Disability Cover), a health care allowance, discounted pathology tests and payment of HPCSA annual registration (please note that PathCare benefits are ONLY applicable to permanent staff members).** Through our partnership with The PathCare Academy, we emphasise our commitment to lifelong learning and development of our talent.

**Applicants who meet the criteria and are interested in joining our dynamic team are required to complete the attached application form and submit this together with a CV to [raquel.quartilho@pathcare.net](mailto:raquel.quartilho@pathcare.net)**

**Please indicate the position you are applying for – POST NUMBER 2937 and include a comprehensive CV and cover letter detailing the level and extent of your knowledge, skills and competencies required for this position.**

Please note: by applying for this position, your application will be subject to verification checks of your driver's licence, ID document, qualifications/proof of registration, credit and criminal checks if required. Candidates must be willing to participate in a rigorous evaluation process.



## APPLICATION FOR EMPLOYMENT

Surname	
First Names	
Title (e.g. Mr, Dr)	
Nickname	
Residential Address	
PO Box/Private Bag/Work addresses are not allowed	
Postal Code	
Phone No. - Home ( )	
- Work ( )	
- Cell	
Private Email Address	
Postal Address (if different to residential)	
Postal Code	
Identity Number	
Passport Number	
Tax Number	
Are you registered with SARS as a taxpayer	
Yes No Do you have employment in addition to Pathcare Yes No	
Marital Status (for SARS) Single Married Community Property In Out	
Next Of Kin Full Names	
Relation to you (eg. wife)	
Address	
Postal Code	
Two Contact Numbers	

Position Applied For	
Location Of Position	

SCHOOLING RECORD	
Highest Grade Passed	
Year Obtained	
Name Of School / Institution	

TERTIARY QUALIFICATIONS		
Degree/Diploma	Institution	Year

CURRENT / LATEST EMPLOYMENT RECORD			
Company Name			
Position Held			
Period Employed		to	
Final Salary			
Reason For Leaving			
May we contact them?	Yes	No	
Manager Name			
Phone Number ( )			

Employment Equity Required for statistical purposes	Gender	Male	Female
	Race	African White	Coloured Indian
Mark relevant with X	Disability	No	Yes
Nature Of Disability:			

PREVIOUS EMPLOYMENT RECORD	
1. Company Name	
Position Held	
Period Employed	to
Reason Left	
Manager's Name	
Phone Number	( )

Professional Registration For Current Year (please mark with X)	HPCSA	Nursing	
	Other	None	
Registration Number			
Are you paid up for year?	No	Yes	Please attach receipt

2. Company Name	
Position Held	
Period Employed	to
Reason Left	
Manager's Name	
Phone Number	( )

Have you had prior PathCare Employment?	No	Yes
	If yes, state Job Title	
	If yes, state Location	

**Do you have any actual or potential conflicts of interest you would like to declare regarding information, products/services or relationships (family and/or friends) either within PathCare or with external service or product providers? If yes, please provide additional details:**

I certify that all information given by me is, to the best of my knowledge is true and correct. I understand that any false statements could result in the termination of my contract. I hereby authorise PathCare to carry out a credit and criminal record check if it is a requirement for the position as well contact the previous employers and references. I have indicated on this form or other related documents such as my CV, etc. I hereby authorise and give consent to the Company and/or its duly authorised verification agent to process the personal information provided herein in terms of the Protection of Personal Information Act ("POPIA") for the purposes of performing the necessary background and credit checks as well as confirming employment history. I authorise the Company to further process the personal information provided herein should it proceed to employ me. I understand and agree that the Company will automatically destroy information provided herein should your application not be successful within a period of 3 (three) months.

Date \_\_\_\_\_

Signature Of Applicant \_\_\_\_\_