

PHLEBOTOMY TECHNICIAN KLOOF DEPOT, PRETORIA



DO YOU MAKE PATIENT CARE A PRIORITY? WE DO. SO, JOIN OUR TEAM TODAY!

PathCare is a partnership of pathologists in private practice which assists doctors and healthcare professionals to determine and confirm diagnoses. The company is registered with the HPCSA (Health Professions Council of South Africa) and all our laboratories are SANAS accredited.

An opportunity exists for a Phlebotomy Technician to join the PathCare Vermaak family at the Kloof depot in Pretoria. We are seeking an individual who displays a high level of ethics and integrity while consistently aligning with the PathCare Vermaak values.

Key Competency Requirements

- Phlebotomy Technician qualification
- Current registration with the HPCSA
- Intermediate computer literacy with Skylims knowledge is advantageous.
- Phlebotomy experience is essential.
- Pathology experience is highly advantageous.
- Excellent attention to detail
- Display initiative.
- Client-focused with strong interpersonal relations
- Problem-solving ability
- Adaptability with the ability to co-operate within a team environment.
- Effective verbal and electronic communication skills
- Innovative and result-orientated
- Ability to work under pressure and display resilience and tenacity in challenging situations.
- Compassion and empathy.
- Positive attitude and flexible workstyle
- Ability to work unsupervised.
- Must be fluent in English with an understanding of Afrikaans.
- Must be available for short notice shifts.
- 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: Tuesday, 17 December 2024

Please note that all the shortlisted candidates will be required to complete a technical proficiency test to assess their level of competence.

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.** 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 may email anette.vos@pathcare.net

Please indicate the position you are applying for – **POST NUMBER 2976** 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 license, Identity 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
Mark relevant with X	Race	African	Coloured
Nature Of Disability:	Disability	No	Yes
		White	Indian

PREVIOUS EMPLOYMENT RECORD	
1. Company Name	
Position Held	
Period Employed	to
Reason Left	
Manager's Name	
Phone Number	()
2. 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	
Registration Number	Other	None	
Are you paid up for year?	No	Yes	Please attach receipt

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 _____