



MEDICAL HUMAN RESOURCES (PTY) LTD  
 PROVIDERS OF  
 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
- Operational Manager
- 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
6	Check DRM monthly for the status of the potential candidates to determine if they were appointed by a Medi-Clinic client.

**Recruitment Consultant / Branch manager to implement the following steps:**

Step	Action
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"> <li>• Date of appointment</li> <li>• Job title</li> <li>• Salary (CTC)</li> </ul> <p>Inform client that they must expect a placement fee when confirming the appointment</p>
8	Send confirmation of appointment to MHR Operational Manager for invoicing

**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"> <li>• Name of recruiter</li> <li>• Date of interview</li> <li>• Reference checked</li> <li>• Availability of candidate (immediate or 1 month notice)</li> <li>• Summary of interview</li> </ul>

**Operational Manager to implement the following steps:**

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

**Client to implement the following steps:**

Step	Action
1	<p>Inform MHR of any appointments of agency candidates</p> <p><b>NB: Client confirm permanent placement when forwarding information, as mentioned in step 7, to MHR consultant.</b></p>
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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 TRADING AS  
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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: \_\_\_\_\_