**CAPTURING APPOINTMENT OF JOINT STAFF**

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| **PERSONAL DETAILS** |
| SURNAME: |  |
| FULL NAME: |  |
| TITLE: |  |
| IDENTITY NUMBER: |  |
| RACE: |  |
| GENDER: |  |
| DEPARTMENT: |  |
| DIVISION: |  |
| TELEPHONE NUMBER:(Office) |  | Mobile: |  |
| EMAIL: |  | EMPLOYER: |  |
| DATE OF APPOINTMENT: |  | LOCATION: | Tygerberg | Stikland | Lentegeur |
| PREVIOUS INCUMBENT OR NEW POST **(Must indicate)** |  |
| **WCG**  |
| **POSITION NAM**E | SpecialistLevel 1 | SpecialistLevel 2 | SpecialistLevel 3 | Sub-specialist Level 1 | Sub-specialistLevel 2 | Head of Clinical Unit (Old Principal Specialist) | Head of Clinical Dept |
| **N H L S** |
| ScientistC4 | SpecialistD2 | SpecialistD3 | SpecialistD4 | Head of Clinical UnitE1 | Head of Clinical DeptE2 |
| Other (Specify): |  |
| NAME OF DIVISIONAL HEAD: |  |
| DIVISIONAL HEAD’S SIGNATURE: |  | DATE: |  |
| **FOR OFFICE USE ONLY** |
| APPROVAL: **DR T FISH** |  | DATE: |  |
| ACADEMIC STATUS: |  |
| SU STAFF NUMBER: |  |