**CAPTURING APPOINTMENT OF JOINT STAFF**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | Specialist Level 1 | | | | | Specialist Level 2 | Specialist Level 3 | Sub-specialist Level 1 | | Sub-specialist Level 2 | | | Head of Clinical Unit  (Old Principal Specialist) | | Head of Clinical Dept |
| **N H L S** | | | | | | | | | | | | | | | | |
| Scientist C4 | | Specialist D2 | | | | | Specialist D3 | Specialist D4 | Head of Clinical Unit E1 | | | | | Head of Clinical Dept E2 | | |
| 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: | | | | | | |  | | | | | | | | | |