



# health

Department:  
Health  
**REPUBLIC OF SOUTH AFRICA**

Ref: G5/1/7, Foreign Workforce Management Programme  
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## **TO ALL APPLICANTS**

### **Guidelines**

#### **to apply to the FOREIGN WORKFORCE MANAGEMENT PROGRAMME for an initial letter of endorsement**

Dear Applicant

#### **APPLICATION FOR A LETTER OF ENDORSEMENT TOWARDS**

- (i) **AN APPLICATION TO SIT FOR THE EXAMINATIONS CONDUCTED BY A HEALTH PROFESSIONAL COUNCIL IN SOUTH AFRICA AND/OR**
- (ii) **SUBSEQUENT REGISTRATION AS A RELEVANT HEALTH CARE PRACTITIONER, INTERN, STUDENT, VOLUNTEER AND/OR**
- (iii) **EMPLOYMENT IN THE SOUTH AFRICAN PUBLIC HEALTH SECTOR**

The Foreign Workforce Management Programme (FWMP) of the National Department of Health in South Africa (SA) acknowledges your application and wish to request you to please complete the attached list and forward the applicable documents (legible copies) to the Department. A comprehensive portfolio of your person and profession is required.

**Please read this:** It is at this stage of your application critically important to understand a few basic principles of the Department's policy:

#### **SA HEALTH SECTOR: FOREIGN RECRUITMENT POLICY: BRIEF SUMMARY**

#### **RECRUITMENT AND EMPLOYMENT OF FOREIGN HEALTH PROFESSIONALS IN THE SOUTH AFRICAN HEALTH SECTOR**

- **PURPOSE:** To regulate the recruitment, employment, migration and support towards residency status of foreign health professionals in South Africa
- **BACKGROUND:** Recruiting suitably qualified persons with proven skills and experience. Specific preference is given to recruitment from countries where the

training and education meet the minimum requirements of training and education of health professionals in SA. The primary aim to allow for recruitment from abroad is to deploy health professionals with the relevant skills and competencies to work in under-serviced / remote / rural areas of South Africa.

- LEGAL RIGHTS: Recruitment and employment remain the prerogative of the Employer in SA. Applicants must meet minimum employment requirements. No employment under duress of either the Applicant or the Employer.
- GENERAL POLICY PRINCIPLE: No foreign health worker may depart to South Africa to practice his or her profession or to seek employment without a formal FWMP-letter of endorsement (serving as invitation).
- **DIRECT RECRUITMENT: Recruitment of *individual* applicants from developing countries will not be endorsed by the Department**
- EMPLOYMENT CONTRACTS: Up to three years, non-renewable.
- POSTGRADUATE TRAINING: Preference to SA citizens and permanent residents. Foreign applicants accepted as unpaid Supernumerary registrars. Must be fully sponsored by home government. Must accept: No job offers, no examination / registration to practice, no migration.
- EXCHANGE REGISTRARS: Structured regulated one-year paid exchange programme, no migration.
- EDUCATION (Lecturers/academic appointments): Initial period not exceeding three years, post must be duly advertised, no migration.
- UNDERGRADUATE TRAINING: Preference to SADC countries. Must be fully sponsored by home government. No jobs, no registration, no migration.
- INTERNSHIP: SA citizens with foreign qualifications and selected SADC countries only, no further job offers to SADC applicants, return to home country.
- COMMUNITY SERVICE: Constitutes full-time employment, no foreign health professionals, except those who have qualified in South Africa and who have secured permanent residence / citizenship.
- NDOH certification: FWMP must issue letter of endorsement and certification in terms of the Immigration Act (all permits), and to every amendment / extension thereof. Employing Provinces to monitor validity of work permits quarterly and study / treaty permits annually. No migration, unless endorsed by the FWMP to update database.

Application to the FWMP is a mere presentation of your candidature for National consideration to endorse towards further processes. The Department of Health is finalizing the restructuring its foreign recruitment initiatives. The aim is to, in the years to come consider mainly and in some instances exclusively those candidates identified in terms of country-to-country agreements. The only direct recruitment of individual applicants from abroad will be for those applicants who can submit documentary evidence of being a citizen of a developed country. The applications from foreign health professionals who are citizens of developing countries will therefore no longer be entertained on an ad-hoc basis.

Applicants, who are still abroad, are strongly advised not to depart to South Africa unless invited in writing by the National Department of Health only. Applicants are, for their own interest, also advised to familiarize themselves with the relevant immigration legislation and not to depart to South Africa to promote their applications with the Department. The Department will not be in a position to reconsider an

application once the applicant has arrived in the country, irrespective of their temporary residence status, including 'accompanying spouse' permits based on marriage to a SA citizen, life partnership, etc.

It is the view and commitment of this Department to honor all International bi-lateral and multi-lateral agreements in this regard, including restrictions to recruit from developing countries, unless there are firm country-to-country recruitment agreements in this regard or a particular memorandum of understanding between countries that facilitates the recruitment and deployment processes.

This letter, therefore, does not at all serve as an invitation to depart to South Africa, should you still be abroad. This letter also does not guarantee support towards a temporary residence permit in SA, any level of employment, post or position or registration with any Health Professional Council in South Africa. Each application will be considered on merit and in terms of National and international recruitment initiatives. Successful applicants will be duly informed in writing, whereafter applicants will be informed of the next step in the process of registration and subsequent employment.

Please be informed that the main aim of the FWMP remains to support the staffing needs of rural areas in the country and in particular to endorse applicants to eventually fill identified long-standing vacancies in the less-urbanized service areas. Applicants should note that they would not be recruited to the urbanized areas unless they can show exceptional circumstances (eg Supernumerary Registrars).

No fees are charged by the FWMP. The Program's service is managerial/administrative in nature and regulated by existing policies and relevant legislation. Applicants are also requested to have patience as the FWMP handles a high volume of cases on a day-to-day basis.

Should you already be in the country upon receiving this letter and be in or around Pretoria, please note that **Visitors days are on TUESDAY and THURSDAY of every week (08:00 – 14:00)**. Visitors should have a valid concern to visit the offices of the FWMP, as everyone would understand that on these two days no administrative work is generated, impacting directly on the increasing workload of the Programme (and subsequently individual expectations to have a quick response to applications).

Kind regards

**Mr H Groenewald, Program Director and/or  
Mr S-A Smith, Program Manager**

**FOREIGN WORKFORCE MANAGEMENT PROGRAMME**  
**National Department of Health, Pretoria**

**GUIDELINES TO APPLICATION FORM**

**To be completed by all foreign health professionals and foreign qualified health professionals wishing to secure a work permit, study permit, treaty permit, volunteer employment and permanent residence in South Africa**

**NB! Please note the following:**

1. **The FWMP deals with a large number of applicants. Please allow 3-4 weeks for the processing of your application. You may fax reminders / appeals.**
2. Applicants who clearly does not qualify in terms of current recruitment strategies / initiatives / policy principles, should reconsider to apply. Applications in this category will not be prioritized and applicants should allow a minimum of 6 – 8 weeks for a response.
3. All required documents should be submitted with this form, to ensure speedy processing of your application.
4. Any documents that do not apply to you, or that you cannot obtain/submit immediately, can be declared in your covering letter and submitted later.
5. Please take note that the FWMP requires copies only. Upon securing a letter from the FWMP, you will have to apply to the relevant Health Professional Council for registration. The Council will have other requirements in that it may require certified copies or originals or sealed notarized copies. Please prepare therefore in good time if successful with the FWMP.
6. **If successful and endorsed towards employability, the FWMP will secure a job offer on your behalf from Public Sector Health institutions. The Department has prioritized areas of need with specific preference to rural understaffed areas and for national initiatives / strategies. The current ARV rollout for 2005/6/7 is prioritized.** Due to the maldistribution of health professionals in the Public Health Sector, the FWMP prefers that you do not seek employment on your own behalf, unless permitted in writing by the FWMP.
7. **MOST IMPORTANT: You must write a detailed covering letter to the FWMP that should explain and elaborate on your personal and your professional status. This letter should guide the Programme to entertain your application as per your specific requests.**
8. **Communication to the FWMP should be in writing (fax / post / courier)**

Postal Address:  
Private Bag X828  
Pretoria  
0001

Courier Address:  
Room 1125, Fedlife Building  
Corner Church and Prinsloo Streets  
Pretoria CBD, 0002

E-mail contact addresses:  
[zelnob@health.gov.za](mailto:zelnob@health.gov.za)  
[mlambk@health.gov.za](mailto:mlambk@health.gov.za)  
[shantale@health.gov.za](mailto:shantale@health.gov.za)

(use more than one if you wish)  
[allia@health.gov.za](mailto:allia@health.gov.za)  
[humani@health.gov.za](mailto:humani@health.gov.za)  
[sibiyad@health.gov.za](mailto:sibiyad@health.gov.za)

## **FWMP-APPLICATION FORM**

**COMPLETE ONLY THOSE SECTIONS APPLICABLE TO YOUR SPECIFIC APPLICATION (ONE FORM PER INDIVIDUAL APPLICANT)**

**APPLICANT:**

**SURNAME / FAMILY NAME** : \_\_\_\_\_

**FIRST NAME(S)** : \_\_\_\_\_

Maiden Name (if applicable) : \_\_\_\_\_

Previous Names / Aliases : \_\_\_\_\_

**Section 1: Application Information**

*1.1 What is your profession? (check relevant box)*

- Medical Doctor
- Professional Nurse (not auxiliary / enrolled)
- Pharmacist
- Dentist
- Other (specify): \_\_\_\_\_

*1.2 What are you applying for (check all that apply):*

- Writing exams with HPCSA / SANC / SAPC (Phase 1)
- Registration (Phase 2)
- Employment / Work Permit (Phase 2)
- Internship
- Community Service
- Study Permit (supernumerary registrar)
- Other (specify): \_\_\_\_\_

*1.3 Have you submitted this/similar form to the FWMP in the last two years?*

- Yes
- No

**Section 2: Personal Information**

2.1 Date of Birth (dd/mm/yyyy): \_\_\_\_\_

2.2 Gender:  M  F

2.3 Passport Number: \_\_\_\_\_

2.4 South African ID Number: \_\_\_\_\_

2.5 Telephone (H): \_\_\_\_\_

2.6 Telephone (W): \_\_\_\_\_

2.7 Fax: \_\_\_\_\_

2.8 Mobile: \_\_\_\_\_

2.9 E-mail Address: \_\_\_\_\_

2.10 Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

2.11 Residential Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

2.12 Alternative Contact Person: \_\_\_\_\_

2.12.1 Tel: \_\_\_\_\_

2.12.2 Fax: \_\_\_\_\_

2.13 Country where you obtained your qualification: \_\_\_\_\_

2.14 Country of Birth: \_\_\_\_\_

2.15 Country of Citizenship: \_\_\_\_\_

2.16 Current Country of Residence: \_\_\_\_\_

2.16.1 If resident in SA, date of arrival: \_\_\_\_\_

2.16.2 Purpose of entry: \_\_\_\_\_

2.16.3 Endorsement on entry visa: \_\_\_\_\_

\_\_\_\_\_

2.16.4 Current residential status (if currently residing in SA)

- Visitor's / holiday permit. Endorsement: \_\_\_\_\_
- Study permit. Endorsement: \_\_\_\_\_
- Work permit. Endorsement: \_\_\_\_\_
- Asylum seeker's permit (Section 22 of Refugees Act, 1998)
- Formal refugee permit (Section 24(3)(a) of Refugees Act, 1998)
- Accompany SA spouse. Endorsement: \_\_\_\_\_
- Accompany spouse: Endorsement: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

2.17 Marital Status:

Never married     Married     Life-partner     Divorced     Widowed

If married, is it to a South African citizen?     Yes     No

**Section 3: Family Details**

In order to ensure the best possible placement for you and your family, please complete the following table, with regards to all family members accompanying you to SA (profiling to allocate to schools, universities, etc)

Name	Country of Citizenship	Passport / ID Number	Date of Birth	Relationship to applicant

**Section 4: Registration Details**

4.1 Have you passed exams with the relevant Council in SA?     Yes     No

4.1.1 If yes, Date: (month and year): \_\_\_\_\_

4.2 Are you currently registered in South Africa?     Yes     No

4.2.1 If yes, in which category: \_\_\_\_\_

4.3 What is your registration status in your home country / country you are currently working in? \_\_\_\_\_

4.4 Are you registered as a Specialist in SA or abroad? Yes No

4.4.1 If yes, what is your specialty? \_\_\_\_\_

**Section 5: Employment Details**

5.1 Are you currently employed in SA?  Yes  No

5.1.1 If yes, name of Institution / company / organization:

\_\_\_\_\_

5.1.2 Date of assumption of duty: \_\_\_\_\_

5.1.1.3 Current rank / position: \_\_\_\_\_

**Section 6: Experience Details**

6.1 Type of basic degree (MBBS etc): \_\_\_\_\_

6.2 Date completed internship: \_\_\_\_\_

6.3 Duration of internship: \_\_\_\_\_

6.4 Do you have an interest in any particular clinical areas (e.g. O&G, Surgery, Internal Medicine, Maternity, etc) (please list all that apply plus experience)

Clinical area of preference / Specialty	Number of Years Experience

6.5 Have you undertaken any postgraduate study **abroad** (please list all Diplomas, Masters etc.)

Type of Degree / Diploma	Year Obtained




6.6 Please complete the following table, with regards to your previous postgraduate experience (**not including internship**):

Hospital Name	Country	Dates Worked (month and year)

## **Section 7: Required Documents**

7.1 Documents required from **all** applicants (copies only, where applicable):

Document	Check
<b>IMPORTANT: A covering letter (<u>detailed letter of introduction</u>) stating some background. This letter should instruct / guide the FWMP in your case.</b>	
Passport (good copy of personal data and picture) or official identity document	
Spouse's Passport or official Identity Document	
Marriage Certificate	
Children's birth certificates / passports	
Valid refugee status (section 24(3)(a) of Refugees Act,1998)	
SA permanent residence certificate and SA Identity Document	
Curriculum Vitae	
Qualification(s) (home language <b>and</b> include copy of official English translation)	

Proof of foreign professional registration status (include English translation)	
Proof of passing exams with relevant SA Professional Council (if written already)	
Professional Registration certificate in South Africa (if obtained already)	
Service certificates / Reference letters / Proof of previous experience	

7.2 **Additional documents required in respect of an application to be engaged as a Supernumerary registrar**

Document	Check
Letter of support and approval from Health Ministry of home country re sponsorship (guidelines can be obtained electronically on request)	
Undertaking to depart from SA upon graduation, no intension to seek employment	
Offer of supernumerary registrar position from a SA academic institution	
Letter of endorsement from relevant Provincial Department of Health	

**Statement by applicant:**

*I have duly read and understand everything in this application form.  
I hereby certify that all statements made by me in this form are true and correct to the best of my knowledge and substantiated by the attachments hereto.  
I understand that a file will be opened and all the relevant information will be captured on the foreign workforce database.  
I hereby request, as detailed in my covering letter, the FWMP to endorse / support applications on my request / behalf based on the evidence on my records.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date