

**PROFESSIONAL NURSE**

EUGENE MARAIS DEPOT, PRETORIA

**WE MAKE PATIENT CARE A PRIORITY. IF YOU DO, JOIN OUR TEAM TODAY!**

PathCare is a partnership of pathologists in private practice across South Africa that has been assisting doctors and healthcare professionals determine and confirm diagnoses since 1923. We are registered with the HPCSA (Health Professions Council of South Africa) and all our laboratories are SANAS accredited.

An opportunity exists for a Professional Nurse to join the team at our Eugene Marais depot in Pretoria. We are seeking an individual who displays a proven track record of competence in Phlebotomy and who has a high level of ethics and integrity while consistently aligning with the PathCare values.

**Key Competency Requirements and Experience**

- Nursing Diploma
- Registered with SANC
- Intermediate computer literacy with Skylims knowledge is advantageous.
- Must have a valid unrestricted Code B driver's license
- Must have at least 2-3 years of experience post registration with SANC
- Experience with phlebotomy in neonatal patients is essential.
- Ability to perform dynamic tests, e.g.: Ischemic forearm tests, Betamethasone suppression tests, ACTH stimulation tests, paternity tests, etc.
- Must have 2-3 years' phlebotomy experience which includes order of draw and running of Point of Care instruments i.e., running of arterial blood gas on the machine.
- Displays initiative.
- Problem-solving ability
- Client-focused with excellent attention to detail
- Adaptability with the ability to co-operate within a team environment.
- Result-orientated
- Ability to manage stock and delegate staff on shift.
- A positive attitude & flexible workstyle
- Must be fluent in English with an understanding of Afrikaans.
- Must be prepared to work shifts, weekends & public holidays.
- Must have an acceptable track record/performance record regarding the technical and behavioural competencies

**CLOSING DATE: Wednesday, 11<sup>th</sup> February 2026**

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 and Disability cover), annual bonus, competitive maternity benefits, health care allowance, discounted pathology tests, payment of HPCSA/SANC annual registration fees and developmental opportunities at the PathCare Training Academy.

Applicants who meet the criteria and are interested in joining our dynamic team are required to complete the attached application form and submit this together with a CV to [ewalda.schmidt@pathcare.net](mailto:ewalda.schmidt@pathcare.net)

Please indicate the position you are applying for – **POST NUMBER 3271** 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		Do you have employment in addition to Pathcare	Yes
	No			No
Marital Status (for SARS)	Single		Married	Community Property
				In Out
Next Of Kin <u>Full</u> Names				
Relation to you (eg. wife)				
Address			Postal Code	
Two Contact Numbers				

Employment Equity Required for statistical purposes	Gender	Male		Female	
	Race	African		Coloured	
		White		Indian	
Mark relevant with X	Disability	No		Yes	
Nature Of Disability:					

Professional Registration For Current Year (please mark with X)	HPCSA		Nursing	
	Other		None	
Registration Number				
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:**

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	( )		

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	( )

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 \_\_\_\_\_