INTERNSHIP
AND COMMUNITY SERVICE
PLACEMENT GUIDELINES FOR 2017/18

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REPUBLIC OF SOUTH AFRICA
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1. INTRODUCTION

In this annual update of the Internship and Community Service Placement (ICSP) guideline the administrative process to be followed by provinces and applicants will be delineated. Changes to the guideline are based on feedback from the 2016/17 placement cycle and consultations on how to improve the administrative processes. Note that as a guideline, its application is subject to the regulatory and legislative frameworks that govern the public service, employment practices and relevant professional bodies.

SECTION A: CONTEXT TO THE ICSP PROGRAMME

2. LEGISLATIVE AND REGULATORY NOTES

The following legislation and regulations apply to this guideline.

2.1 Legislation and regulations for community service

The placement mandate is established under the following legislation and regulations:

(i) The Pharmacy Act, Number 53 of 1974 (as amended), Section 14A and Government Notice 1157 of 20 November 2000;

(ii) The Health Professions Act, Number 56 of 1974 (as amended), Section 24A and Government Notice 620 of 5 August 2011; and

(iii) The Nursing Act, Number 33 of 2005 (as amended), Section 40 and Government Notice 765 of 24 August 2007.
Collectively, the above regulations prescribe one year of remunerated work within a public health facility, complex of health facilities¹ or local sphere of government (when applicable). The regulations require the Minister of Health to Gazette a list of facilities where community service may be performed. Individuals are expected to apply for posts available within the Gazetted list of approved facilities. Notwithstanding this, the Minister of Health may, after consultation with a Member of the Executive Council responsible for health in a given Province, make a final decision with regard to the placement of an individual to perform community service.

2.2 Legislation and regulations medical internships

The placement mandate for medical internships is established under the Health Professions Act, Number 56 of 1974 (as amended), Section 61e and Government Notice 620 of August 2011.

The above Act and regulations empower the Health Professions Council to accredit facilities (hospital, clinic or healthcare centre) where medical internship training may take place. The current regulations require medical interns to complete a continuous internship of 24 months to meet the requirements of the Medical and Dental Professions Board. The regulations also allow for interns to be moved from one facility to another under certain circumstances, which include where a facility cannot offer all the requirements (clustering of facilities) or where conditions at a facility have fallen below the minimum requirements for accreditation.

2.3 Legislation and regulations impacting the administrative process

The following legislation and regulations impact the administrative processes of placing community service professional and medical interns.

¹Note the term health facility will be interpreted as per the definition of a health establishment under the National Health Act, Number 61 of 2003 where it is stated– a “health establishment” means the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services.
Employment Equity Act, Number 55 of 1998

Section 6 of the Act addresses direct and indirect discrimination. This impacts employment policy or practice to avoid discrimination based on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth.

Direct discrimination is easier to identify than practices that result in indirect discrimination. By definition, indirect discrimination involves the application of a provision, criterion or practice to everyone, which has a disproportionate effect on some people and is not objectively justified. For example, if one reserved posts for married individuals only, this would negatively impact unmarried applicants and constitute indirect discrimination.

Keeping the aforementioned in mind, the burden of proof lies with the employer to objectively demonstrate that its policies and practices are rational and not unfair, and ultimately justifiable.

Immigration Act, Number 13 of 2002

This Act regulates the actions of the Department of Health when employing non-residents, refugees and asylum seekers. Following the requirements of the Act as well as its accompanying regulations, effects the administration process in as much as the Department of Health will need to ensure all South African citizens, permanent residents, qualifying refugees and asylum seekers are placed first before offering placements to non-resident applicants.

Endorsement letters for work permit applications issued by the Foreign Workforce Management unit within the National Department of Health may therefore also only be issued pending the placement of all South African citizens, permanent residents, qualifying refugees and asylum seeks.
Promotion of Administrative Justice Act, Number 3 of 2000

This Act seeks to promote efficient administration and good governance by creating a culture of accountability, openness and transparency in the public administration or in the exercise of a public power or the performance of a public function, by giving effect to the right to just administrative action.

The Act sets out the steps that need to be taken in a just administrative process, these are:

(i) Adequate notice of the nature and purpose of the proposed decision to be taken (please refer to the full definition for Administrative Action in the Act);

(ii) A reasonable opportunity to make representations;

(iii) A clear statement of the administrative action;

(iv) Adequate notice of any right of review or internal appeal, where applicable; and

(v) Adequate notice of the right to request reasons in terms of (iv).

Protection of Personal Information Act, Number 13 of 2013

Amongst its various requirements, this Act requires specific actions in terms of security safeguards for information, and participation of individuals in systems that hold their data.

Section 13 notes that personal information must be collected for a specific, explicitly defined and lawful purpose related to a function or activity of the responsible party. The Act further requires that practical steps should be taken to make the individual involved aware of the data being collected (as stipulated in Section 18.1), as well as the purpose of collecting such information, unless the provisions of Section 18.4 are applicable.
Section 14 further stipulates that information should only be retained for as long as required by law or where the necessary safeguards are in place for historical, statistical or research purposes. As the ICSP record reflects an application and employment record, ICSP Online information will be retained for seven (7) years in line with the Basic Conditions of Employment Act, Number 75 of 1997 (as amended).

Section 19 deals extensively with the subject of security measures to ensure integrity and confidentiality of personal information. The focus of these measures speaks broadly to the aim of securing the integrity and confidentiality of personal information in the possession of an organisation or under its control, by taking appropriate, reasonable technical and organisational measures to prevent the loss of, damage to or unauthorised destruction of personal information, and unlawful access to or processing of personal information. Requirements within this Act should be contained within the Terms and Condition of Use agreement linked to ICSP Online.

**National Health Act, Number 33 of 2003**

The National Health Act, under Sections 21(3)(a), 23(1)(a)(iv), 25(3)(a)&(b), 48(1)&(2) addresses various requirements related to human resource planning and management relevant to community service and medical internships.

Collectively, Sections 21 and 25 address human resource planning for service delivery at a provincial level, and the submission of such plans to the Director General of Health to address national plans. Interpreted through the lens of community service and medical internships, this would imply that provincial Heads of Department should provide annual updates of staffing plans related to the use of community service posts based on service delivery needs, as well as the placement of medical interns.

Section 48(2) has particular relevance to this document, as it empowers the National Health Council to implement guidelines that:

a) Ensure the adequate distribution of human resources;
b) The provision of appropriately trained staff at all levels of the national health system to meet the population's health care needs; and

c) The effective and efficient utilisation, functioning, management and support of human resources within the national health system.

Public Service Regulations, Government Notice 878 of 2016

The recently revised Public Service Regulations address, amongst other things, areas related to employment as well as anti-corruption and ethics management. Heads of Departments are required to define steps to ensure the latter is adequately address in terms of the regulations.

For the ICSP administrative process, it implies that actions should be taken to make the process of allocation to posts as transparent as possible, while also implementing the required steps for anti-corruption and ethics management.

3. ROLES AND RESPONSIBILITIES OF GOVERNMENT DEPARTMENTS

Departments that participate in the ICSP programme with their associated responsibilities include:

**National Department of Health (NDoH)**

The NDoH is responsible for the development of annual placement guidelines and the processing of applications for allocations in line with these Guidelines. To this end the NDoH is responsible for maintaining the ICSP Online system and its primary functions, while considering, as far as is practical, provincial requirements.

**Provincial Departments of Health (PDoHs)**

Provincial Departments of Health are responsible for:
- Preparing needs-based staffing plans for community service;
- Uploading of available funded posts for both community service and medical internship;
- Confirming bursary holders;
- Providing any information relevant to restrictions on applications within their province;
- Planning for and ensuring adequate funding of posts according to annual projections of requirements;
- Confirming placements and providing letters of employment; and
- Conducting relevant on-boarding activities for new community service and internship employees.

These activities will be undertaken using the relevant provincial policies and procedures for appointments and on-boarding of new employees. This may include delegations to health facilities or districts to finalise of appointments.

Provinces are further responsible for ensuring that the accreditation requirements for medical intern training is monitored and maintained at the relevant facilities.

**Department of Correctional Services (DCS)**

The DCS is responsible for:
- Preparing needs-based staffing plans for community service;
- Uploading of funded available posts;
- Confirming of bursary holders;
- Providing any information relevant to restrictions on applications to DCS posts;
- Contributing to planning for and ensuring adequate funding of posts in terms of the annual projection for required posts;
- Confirming placements and providing letters of employment; and
- Conducting relevant on-boarding activities for new community service employees.
South African Military Health Services (SAMHS)

The SAMHS is responsible for:

- Preparing needs-based staffing plans for community service;
- Uploading of funded available posts;
- Confirming of bursary holders;
- Providing any information relevant to restrictions on applications to SAMHS posts;
- Contributing to planning for and ensuring adequate funding of posts in terms of the annual projection for required posts;
- Confirming placements and providing letters of employment; and
- Conducting relevant on-boarding activities for new community service employees.

The SAMHS is also responsible for ensuring that the accreditation requirements for intern training facilities are monitored and maintained, which includes where applicable, engagement with PDoH counterparts for rotations that utilise provincial facilities and staff.

Local Government (LG)

When LG structures such as municipalities are involved in community service placements, they will be responsible for:

- Preparing staffing plans;
- Uploading of funded available posts for community service;
- Confirming bursary holders;
- Providing any information relevant to restrictions on applications within a municipality;
- Planning for and ensuring adequate funding of posts in terms of the annual projection for required posts;
- Confirming placements and providing letters of employment; and
- Conducting relevant on-boarding activities for new community service employees.
4. COMMUNICATION

Communication plays a critical role in making the ICSP strategically effective and operationally efficient.

4.1 National Department to Provincial Department Communication

The NDoH’s primary contact point for the ICSP programme is the Director, Workforce Management.

While Provincial Departments may have many co-ordinators helping with their local ICSP processes, it is recommended that a single Director or Chief Director be nominated to communicate with the NDoH on matters that affect provincial processes, applicants or require interpretation of the guidelines.

The NDoH will make communication materials available to provinces to orientate provincial and facility managers on developments in the ICSP Programme.

4.2 Provincial department level communication

While there is a single point of contact between the national and provincial departments, provincial departments should create appropriate structures to provide guidance and inputs into the ICSP programme. Such structures should include amongst others clinical, human resource and health programme managers. This structure should also engage extensively with facility and district managers to ensure a well informed and inclusive management structure.

4.3 Other departments

Other government departments participating in the ICSP programme should appoint a primary contact person to liaise with the NDoH. It is also recommended that they form
consultative and co-orientating structures to assist in the planning for and management of applicants.

### 4.4 Communication with faculties of health sciences and colleges

The NDoH requires information from faculties and colleges from time to time and will engage the relevant Deans or Principals to establish routine lines of communication. This may include the person/s responsible for providing student data, the person/s who can act as a contact for students and the person who represents the institution.

Provinces and the NDoH should plan to communicate with students and faculty to brief them on ICSP and help address questions. To facilitate this process, the ICSP unit will provide generic information brochures, presentations and a support website. These resources should be used to provide a consistent message.

Provinces and the ICSP unit will, as needed, co-ordinate outreach activities to support the communication strategy.

### 4.5 Communication with professional councils

The NDoH is responsible for communication with the professional councils, both around the requirements for the ICSP programme and any concerns they may have. This will be managed through invitations to brief councils and boards as needed.

Notwithstanding this, the Health Professions Council of South Africa communicates directly with provinces on matters related to medical internships and accreditation visits. Communication of this nature is also copied to the NDoH for noting and if necessary for support.
4.6 Communication with professional associations and unions

The NDoH is responsible for consulting professional associations and unions on matters affecting the ICSP programme. From time to time, these representatives may also communicate with the NDoH on matters they feel affect their members at a provincial level that are of a national interest.

Associations and unions may wish to update their members on developments in the ICSP programme. To facilitate accurate communication, the NDoH will make available materials such quick guides and presentations.

On matters that affect employees directly, the professional association or union should follow the appropriate communication channels at a provincial level. If a matter is outside the norm and cannot be addressed within the province, the province or employee representative may request the NDoH for guidance.

4.7 Communication with the applicant

The NDoH will be responsible for communicating with the applicant up to the confirmation of the placement by a province, after which, the employing province, department or partner will take over to make an offer of employment and manage the appointment process. If requested, ICSP Online can support provinces with bulk emailing and the uploading of documents as needed.

Provinces, departments and non-governmental partners must prepare an information pack for a placed applicant to help guide them further in the appointment process. It should inter alia contain the following:

- How the appointment process works
- Documents required from the applicant
- Province, department or partner specific issues to note
- Who they must contact if they have questions or challenges

5. NON-GOVERNMENTAL ORGANISATIONS PARTICIPATING IN THE ICSP
PROGRAMME

Should the Minister of Health, in line with the relevant regulations, decide to approve placements outside public facilities, these partner organisations will be responsible for uploading of funded posts, provision of any information relevant to restrictions on applications, funding of posts, confirming placements and providing letters of employment, conducting relevant on-boarding activities for community service professionals as per the applicable agreement with the National Department of Health.

6. THE STANDARDISED CYCLE

The ICSP programme is based on a standardised annual and asynchronous cycle as shown in Figure 1 below.

Figure 1. Standardised cycle for the ICSP programme
The standardised cycle can be broken down into four phases namely preparation, allocation, appointment and monitoring. Table 1 below describes these phases in more detail.

### Table 1. Standardised cycle phases in detail

<table>
<thead>
<tr>
<th>Phase</th>
<th>Step</th>
<th>Responsible</th>
<th>Scheduled</th>
<th>Main activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation for cycle</strong></td>
<td>Projections</td>
<td>NDoH PDoH Professional Councils Colleges Faculties</td>
<td>February to April</td>
<td>NDoH request final year numbers from councils, colleges and faculties. National projection for required posts made. PDoHs prepare plans for community service and submit to NDoH.</td>
</tr>
<tr>
<td></td>
<td>Loading ICSP system data</td>
<td>NDoH <strong>Group</strong> PDoH DCS SAMHS LG</td>
<td>March to April</td>
<td>NDoH loads master list of potential applicants as sourced from councils, colleges and faculties. Group loads bursar and obligated individuals’ data onto ICSP Online. Group loads confirmed funded posts with commencement dates onto ICSP Online.</td>
</tr>
<tr>
<td><strong>Allocation to available posts</strong></td>
<td>Registration opens for applicants</td>
<td>Asynchronous cycle applicants only</td>
<td>April to May (8 weeks)</td>
<td>Final year students and interns register on ICSP Online for placement from 1 January to 1 April.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual cycle applicants only</td>
<td>April to December</td>
<td>Professionals needing placement between 1 May and 1 December register and may apply for placement as soon as possible.</td>
</tr>
<tr>
<td></td>
<td>Application for asynchronous placement</td>
<td>Asynchronous applicants only</td>
<td>May to December</td>
<td>Applicants can apply for posts with commencement dates between May and December.</td>
</tr>
<tr>
<td></td>
<td>Allocation asynchronous</td>
<td>Asynchronous applicants only</td>
<td>May to December</td>
<td>Applicants allocated into posts with commencement dates before 1 December.</td>
</tr>
<tr>
<td></td>
<td>Application annual placement Round One</td>
<td>Annual applicants only</td>
<td>May (4 weeks)</td>
<td>Applicants wanting to be placed in posts with commencement dates between 1 January and 1 April apply for posts with commencement dates in that range.</td>
</tr>
<tr>
<td></td>
<td>Allocation for Round One</td>
<td>NDoH <strong>Group</strong> PDoH DCS SAMHS LG</td>
<td>June to July (8 weeks)</td>
<td>Group confirm personal consideration assessments. Group clear exception reports (for example undeclared bursars). NDoH runs placement algorithm and requests group to make amendments and sign off.</td>
</tr>
<tr>
<td>Phase</td>
<td>Step</td>
<td>Responsible</td>
<td>Scheduled</td>
<td>Main activities</td>
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<tr>
<td>Application annual placement</td>
<td>Round Two</td>
<td>Annual applicants who were not allocated in Round One</td>
<td>August (2 weeks)</td>
<td>Applicants wanting to be placed in posts with commencement dates between 1 January and 1 April apply for posts with commencement dates in that range. Group confirm new personal considerations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual applicants requiring re-allocation due to a new personal consideration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation for Round Two</td>
<td>NDoH Group</td>
<td>August to September (4 weeks)</td>
<td></td>
<td>Group clear exception reports. NDoH runs placement algorithm and requests group to make amendments and sign off.</td>
</tr>
<tr>
<td></td>
<td>PDoH DCS SAMHS LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application annual placement</td>
<td>Round Three</td>
<td>Annual applicants who were not allocated in Round Two</td>
<td>September to February</td>
<td>Applicants wanting to be placed in posts with commencement dates between 1 January and 1 April apply for posts with commencement dates in that range.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual applicants requiring re-allocation due to a new personal consideration</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Late applications</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Applicants who were allocated and rejected placement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation for Round Three</td>
<td>NDoH Group</td>
<td>September to February</td>
<td></td>
<td>NDoH facilitates a case-by-case management of allocations starting with applicants not placed in Round Two, then late applicants, followed by applicants who rejected previous allocations. Group signs off on proposed allocation.</td>
</tr>
<tr>
<td></td>
<td>PDoH DCS SAMHS LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase</td>
<td>Step</td>
<td>Responsible</td>
<td>Scheduled</td>
<td>Main activities</td>
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<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Appointing the applicant</td>
<td>After allocation in a round.</td>
<td>PDoH, DCS, SAMHS, LG</td>
<td>Within four weeks of asynchronous allocations with commencement dates before January From October for annual allocations</td>
<td>Provinces complete the process of appointing the applicant in the post allocated. Provinces may request bulk communication support from ICSP Online such as generating appointment letters or uploading of application documents.</td>
</tr>
</tbody>
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SECTION B: GUIDELINES FOR PROVINCES

7. PLANNING REQUIREMENT FOR COMMUNITY SERVICE

Provincial Departments of Health will be expected to annually review their human resource plans to determine their need for community service professionals. In line with Chapter 8 of the Human Resources for Health South Africa Strategy, provinces are expected to prioritise rural and underserved communities.

Provincial Departments of Health will be requested in April to submit to the Director General of Health their community service needs using the provided template.

8. PRIORITISATION OF DISTRICT AND PRIMARY HEALTH CARE FACILITIES

Provincial Departments of Health should focus on improving funding of community service posts at district hospitals and Primary Health Care facilities. Priority should be given to facilities that:

(i) Form part of the expanded decentralised academic learning platform; and/ or

(ii) Offer out-reach services to community health centres, clinics and primary health care ward-based outreach teams.

By 2018/19 community service placements will be phased out from Central Hospitals in metropolitan areas.

9. FUNDING COMMUNITY SERVICE POSTS

Provinces will be provided with a national projection of the required community service posts by profession. The National Department will propose to the National Health Council
the number of posts required per province based on their stated need and national placement requirement.

Provinces should take the necessary actions to ensure that posts are funded where they are required rather than based on historic funding. Specific actions should be taken to prioritise funding of rural and peri-urban facilities. This may include centralisation of a budget for community service posts at a provincial or district level.

10. FUNDING OF MEDICAL INTERNSHIP POSTS

Provinces will be provided with a national projection of the required number of internship posts and the proposed distribution of the group within the available accredited posts. Based on this information, provinces should take the necessary actions to ensure all the required medical internship posts are funded.

11. PROVINCIAL RESPONSIBILITIES IN TERMS OF ICSP

11.1 Delegation to oversee Internship and Community Service Placements

The provincial Head of Department will delegate to a Deputy Director General (DDG) of his or her choice the responsibility to oversee the co-ordination of the activities required under the auspices of this guideline.

11.2 Confirmation of provincial users

The delegated DDG must confirm annually in writing, the list of provincial users authorised to use ICSP Online. These provincial users will be required to complete the required registration form (see Annexure A).

11.3 Reviewing and improving facility readiness

There are various elements a province may wish consider to improve facility readiness for a community service and medical intern placement. These include:
Basic infrastructure
Are there barriers to access a facility, such as poor roads? Is there access to mobile communication, and the Internet (mobile or fixed)?

Suitable accommodation
What is the approach to accommodation for the facility? Does the province have an accommodation policy in place which should be applied? Is private accommodation available or will the facility provide accommodation? What is the condition of the facility accommodation? Are there sufficient security measures for people as well as property? Can meals be prepared by facility residents?

On-boarding programme availability
Does the facility use an induction and orientation programme or a more advanced on-boarding programme for community service or internship?

Personal development, professional supervision and support
What is the in-service learning culture at the facility? What is the level of professional supervision? Is there professional mentoring to help junior professionals.

Post-community service plans
What is the plan for post-community service retention?

Use of feedback on experience
Does the facility, district or province collect feedback from people placed at the facility? Are there issues raised in the feedback that should be addressed?

11.4 Loading of funded posts

Provinces are required to load onto ICSP Online:

(i) The number of funded posts for the period May 2017 to April 2018;
(ii) The required information for each facility;

(iii) Appoint a person/s to enter the required information; and

(iv) Appoint a person/s to verify the information captured (preferably a provincial co-ordinator).

Provinces may not limit the number of posts to only cover their bursars.

Deadline for asynchronous posts 3 April 2017.
Deadline for annual cycle posts 17 April 2017.

11.5 Providing bursary information

Provinces, DCS and SAMHS are required to provide information in the given format regarding bursars or an applicant that may be obligated to work for a province, district, sub-district or facility. Please refer to Annexure B.

Deadline for bursary information 31 March 2017.

11.6 Providing information restricting placements

Provinces, DCS and SAMHS must provide in writing to the NDoH by 31 March any legal restrictions or contractual obligations they intend to apply to their respective posts.

11.7 Supporting registration and applications

Provinces are requested to support and co-ordinate outreach activities targeting faculties, nursing colleges and second year medical interns to brief them on the use of ICSP Online and the associated guidelines.
11.8 Reviewing special and personal consideration submissions

Provinces are responsible for reviewing special and personal consideration submissions. The resulting recommendations will be tabled at the designated ICSP National Committee meeting. Also see guidelines for special and personal considerations (see Sections 24.1 and 24.2).

11.9 Verifying the proposed allocation

Provinces, DCS and SAMHS will be responsible to verify the system-generated allocation as being appropriate to the provincial requirement. Re-allocations by provinces must be motivated in writing.

11.10 Dealing with exception reports

The ICSP programme may, from time to time, generate exception reports that indicate deviation from the expected norms. Provinces, DCS and SAMHS will be responsible to give feedback to the NDoH on exception reports. The turnaround time for an exception report is ten working days from the date sent to the province.

11.11 Reporting corrupt or unethical conduct

Notwithstanding its internal procedures, provinces, DCS and SAMHS must notify the NDoH within five working days of any report received of corrupt or unethical conduct related to the ICSP programme either by an employee or applicant.

11.12 Participation in online ICSP meetings

The ICSP programme conducts regular online meetings to update stakeholders and deal with matters that arise during the cycle. Provinces are requested to support provincial users and co-ordinators to participate in these meetings.
11.13 Providing provincial users with adequate Internet access

Provinces, DCS and SAMHS are requested to provide their respective users with adequate access to ICSP Online using their respective policies regarding access to Internet-based resources. In applying these respective policies, the need to download applications, supporting documents, and participation in ICSP meetings online should be considered.
SECTION B: GUIDELINE FOR APPLICANTS

12. USE OF ICSP ONLINE

All applications for community service and medical internship placements must be made through ICSP Online. Being placed outside the administrative process of the ICSP programme is considered an irregular appointment.

Should an applicant require support in accessing ICSP Online they should contact their faculty, college or provincial manager responsible for Internet access and information technology support.

ICSP Online has an extensive support site to help applicants complete their registration and application (go to www.XXX.XXXX.XXX). Additional support is also available through the national call centre for the ICSP programme (contact number XXX XXX XXXX).

The applicant will be required to agree to the terms of service for use of ICSP online, which will include authorising the use of data from faculties, colleges or councils as required (see Annexure C). Note that the terms of service agreement may be updated during the 2017/18 cycle, therefore the applicant should always refer to the latest online version.

13. APPLICATION DEADLINE

All applicants who may require a placement between January and April 2018 must register and apply for placement in Round One. Late applications for 2018 placements will only be considered in Round Three.

14. CONDITIONS OF SERVICE

All applicants are appointed on fixed term contracts for the specific period of their community service or internship. Their conditions of service may differ depending on how they are appointed.
14.1 Public service appointment

Public service appointments are subject to the relevant benefits and responsibilities of a contract employee. This includes working hours as stipulated by the relevant facility, provincial disciplinary measures and codes of conduct. Remuneration is based on the relevant Occupation Specific Dispensation scale and applicable allowances.

The appointment for community service is for 12 months, which includes paid leave benefits. Extension of the community service is only where the community service professional exceeded such benefits.

The appointment for medical internships is for 24 months and is subject to the requirements for registration as stipulated by the Health Professions Council of South Africa. Extension of a medical internship must be approved by the HPCSA subject to their internal review and approval processes.

14.2 Non-government appointments

**Note:** Non-government appointments are only available for certain community service placements.

Where the ICSP programme offers appointments outside of the public service, the applicant will be subject to the benefits and responsibilities of the non-government partner. This includes the partners working hours, disciplinary measures, and code of conduct.

The partner must remunerate the applicant on the same Occupation Specific Dispensation scale as their public service counterparts. Please note that applicants accepting non-government appointments will be unable to access the Government Employee Medical Scheme (GEMS) nor the Government Employee Pension Fund. However, they are entitled to the receive the monetary value of these contributions from the employer. As such, the monetary value (cost-to-company package) is the same for both those working in the public-service and non-government partners.
15. NOTICE OF CRIMINAL RECORD OR CRIMINAL PROCEEDINGS

An applicant must declare during the application process if they have any active criminal proceedings underway against them, and/or if they have a criminal record. Details of such must be provided immediately during the application process using the special considerations submission feature on ICSP Online.

16. RE-EMPLOYMENT OF FORMER EMPLOYEES

The Public Service Regulations (2016) prohibiting re-employment of former employees dismissed for misconduct, applies to all internship and community service appointments. No applications will be considered during the prohibition period.

17. AN ICSP ALLOCATION VERSUS AN OFFER OF EMPLOYMENT

The NDoH uses ICSP Online as an administrative system to allocate individual applications to available posts. Provinces consider these allocations, and once satisfied, will confirm the allocation and proceed to make an offer of employment to the individual.

Applicants should therefore keep in mind that an allocation on ICSP Online is NOT EQUIVALENT to an offer of employment, and as such, should not make any financial or personal undertaking of a permanent nature based only on the allocation.

This means that being allocated to a given post in ICSP Online should not be confused with an offer of employment, as there is still a further administrative step to be completed at a provincial level.

18. FAILURE TO START ON A POST COMMENCEMENT DATE

Note that from April 2017 all posts will be linked to a commencement date. Any allocation and resulting offer of employment is subject to the applicant starting on that commencement date. An applicant should not apply for a post which has a commencement date earlier than when they intend to start service or for which they have been notified to start working by their respective province.
Applicants may, for various reasons, fail to start their community service or internship on the commencement date as planned. Should an applicant not be in a position to commence community service or their internship as planned, they should as quickly as possible, inform the province or department which made them an offer of employment. The applicant should note that if they cannot take up a post on the commencement date, a province may withdraw the offer of employment as per their employment contract.

If the change occurs before the placement if confirmed by a province, the NDoH should be informed using ICSP Online support email.

The NDoH may also request completion data from faculties, colleges and councils. Should it be reported that an applicant will not complete their studies or internship as planned, the ICSP unit will inform the province and withdraw the allocation. The applicant will be informed and advised on how to re-apply for a post with a suitable commencement date.

19. INFORMATION PROVIDED

As per the terms and conditions of use of ICSP Online, all applicants are expected to provide accurate and truthful information. Applicants found to have provided information to mislead or manipulate the employer will be referred to their professional council or board for disciplinary action (also see Section 20 below).

20. ACTS OF CORRUPTION OR ETHICAL MISCONDUCT

**WARNING:** When an applicant or individual acting on behalf of an applicant, is suspected of having committed an act of corruption or ethical misconduct, the relevant application will be set aside pending an investigation.
Applicants should note that in terms of the Public Service Regulations, an attempt to use an official within a department to influence placements, will constitute ethical misconduct\(^2\).

Should an initial investigation conclude that at face value an applicant could have committed an act of corruption or ethical misconduct, prior to employment:

(i) The NDoH will refer the case to the relevant professional council or board for investigation and possible disciplinary action\(^3\);

(ii) The application will remain suspended pending the outcome of such an investigation and disciplinary action; after which

(iii) Should the applicant still qualify for placement, they will be placed at the discretion of the Minister of Health, after consultation with the provincial Member of the Executive Council, as per the appropriate regulation.

Should the applicant already be appointed, the matter will be dealt with in accordance with the revised Public Service Regulations as well as referred to the relevant professional council or board for investigation and disciplinary action. This may result in the termination of the community service or internship employment contract, which would lead to a five-year moratorium on being re-appointed within the public service.

Any official involved in such an act of corruption or unethical behaviour will be managed in accordance with the Public Service Regulations and departmental policies.

**21. INDIVIDUALS ACTING ON BEHALF OF THE APPLICANT**

In line with the Protection of Personal Information Act, the NDoH will be unable to engage with any individual or family member claiming to be acting on behalf of an applicant unless that person is the applicant’s appointed legal representative, or the applicant has granted

\(^2\) An employee shall refrain from— (f) favouring relatives and friends in work-related activities and not abuse his or her authority or influence another employee, nor be influenced to abuse his or her authority.

\(^3\) Applicants should note that the relevant board or council process may take several months to conclude.
written consent to the NDoH that the nominated person may receive specific information regarding their application.

**WARNING:** Parents and family will be referred back to the applicant should they make enquiries or representations on behalf of the applicant without written consent.

### 22. APPLYING FOR AN ALLOCATION TO A POST ON ICSP ONLINE

An application will be based on requesting an allocation to three equally weighted posts on ICSP Online. In other words, each post applied for is equal in status and not ranked by preference. Additional application requirements are described in the following sections.

#### 22.1 Medical internship applications

Medical internship posts are subject to a simple quota. The quota is based on a ratio of the number of final year medical students from each university in a given year. The quota is applied to the number of posts available within a facility, for example, if there are 50 posts in a facility and a university produces 20% of the graduates in that year, 10 posts will be allocated to its graduates. The NDoH and PDoHs may use their discretion for allocations to smaller facilities.

The medical intern applicant must apply to three listed posts. One of the posts may not be in a metropolitan area in one of the following provinces, Gauteng, KwaZulu Natal or the Western Cape.

**WARNING:** While there is no requirement for a provincial bursar to apply to their bursary province for an internship, they will still be forced to return to their province for community service. This fact should be kept in mind when making financial and personal decisions that could impact the applicant as bursar in two years when they return to their province.
See Section 24 for submitting motivations around special and personal considerations.

Note that if an allocation is confirmed by a province, the individual is automatically placed in that post. There is no need for the applicant to accept the allocation as they have applied for the post, which in turn has been allocated to them.

Applicants who choose to reject their allocation either in the first or second round, must do so in writing using the ICSP Online support email. These applicants will need to wait until the third round to apply again. That said, it should be noted that applicants who were not allocated in the second round, or who need to be re-allocated due to a new special or personal consideration⁴, will be prioritised in the third round. Late applications and re-applications based on a rejected allocation will only be placed after the latter group have been accommodated.

**WARNING:** Rejecting an initial allocation will significantly delay an allocation and may result in an applicant not being offered a placement in the 2017/18 cycles.

**22.2 Non-South African resident application for medical internship**

The Department of Health may offer international students who studied in South Africa, internship posts depending on the availability of accredited funded posts, the requirements of the respective immigration legislation and regulations, as well as relevant international agreements.

Where the applicant is not a permanent resident of South Africa, the following approach will be taken to process an application.

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⁴ A new consideration is a legitimate new consideration that arose between the first or second rounds, for example a medical condition or family responsibility.
(i) All final year medical students who are non-resident and wish to complete their internship in South Africa must register by May for placement in the annual cycle.

(ii) Placements will prioritise rural posts in line with Chapter 8 of the Human Resources for Health South Africa strategy.

(iii) In keeping with the rights afforded to documented refugees and asylum seekers, they may apply in the first round.

(iv) Non-resident applicants from SADC countries will be prioritised in line with South Africa’s medical education exchange agreements, however, applicants still require release letters signed by their respective Ministers of Health, and may only be allocated after all South Africans have been placed⁵;

(v) Non-residents from African countries outside of SADC, will be allocated posts after all SADC country applicants have been placed; and

(vi) Non-residents from non-African countries will then be allocated in the remaining posts.

(vii) Should non-resident applications exceed the available posts, applicants may be waitlisted.

(viii) The Foreign Workforce Management unit at the National Department of Health may only provide endorsement letters for permits once an allocation is confirmed by a province.

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⁵ This is practically understood to be at the point where all offers have resulted in a placement, or where there are any remaining South Africans, this is due to them declining a placement offered to them.
22.3 Community service applications

Community service applicants must apply to three ICSP Online listed posts. One of the posts may not be in a metropolitan area in one of the following provinces, Gauteng, KwaZulu Natal or the Western Cape. See Section 24 for submitting motivations around special and personal considerations.

Bursars are compelled to apply within their respective province, district, sub-district or facility as per their agreement with a given department.

Final year students and interns who wish to commence their community service year from 1 January in the following year, must register by May and apply in Round One for an allocation.

Note that if an allocation is confirmed by a province, the individual is automatically placed in that post. There is no need for the applicant to accept the allocation as they have applied for the post, which in turn has been allocated to them.

**WARNING:** All allocations are still subject to provincial confirmation. An allocation is not the equivalent of an offer of employment. No permanent or irreversible decisions should be made until a written offer of employment is received from the province or relevant department.

Applicants who choose to reject their allocation either in the first or second round, must do so in writing using the ICSP Online support email. These applicants will need to wait until the third round to apply again.

That said, it should be noted that applicants who were not allocated in the second round, or who need to be re-allocated due to a new special or personal consideration⁶, will be

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⁶ A new consideration is a legitimate new consideration that arose between the first or second rounds, for example a medical condition or family responsibility.
prioritised in the third round. Late applications and re-applications based on a rejected allocation will only be placed after the latter group have been accommodated.

WARNING: Rejecting an initial allocation will significantly delay an allocation and may result in an applicant not being offered a placement in the 2017/18 cycles.

22.4 Non-South African resident applications for community service

The Department of Health may offer non-residents a community service placement depending on the availability of funded posts, the requirements of the respective professions regulations, as well as the Department's international agreements.

Where the applicant is not a permanent resident of South Africa, the following approach will be taken to process an application.

(i) All final year students or interns who are non-residents and wish to complete their community service in South Africa must register by May for placement in the annual cycle.

(ii) Placements will prioritise rural posts in line with Chapter 8 of the Human Resources for Health South Africa strategy.

(iii) In keeping with the rights afforded to documented refugees and asylum seekers, they may apply in the first round.

(iv) Should non-resident applications exceed the available posts, applicants may be waitlisted.
(v) The Foreign Workforce Management unit at the National Department of Health may only provide endorsement letters for permits once an allocation is confirmed by a province.

23. FINAL ROUND PLACEMENTS

While it is hoped that every applicant can be accommodated within the available posts, some applicants may not find placements in the first two rounds of applications.

Round Three applications are a final attempt at placement for January to April. In November, the NDoH will give notice to South African applicants to confirm within five (5) working days, a final placement offer. After these five days, the NDoH will start placing non-South African applicants.

Should an applicant have rejected a final placement offer, they will be waitlisted and assisted as and when relevant posts become available.

Final placement offers will be made in the following order:

1. Applicants with personal considerations from Round Two, together with applicants from Rounds One and Two who need re-allocation due to a new personal consideration; then
2. Applicants without personal considerations not placed in Round Two; then
3. Late applicants; and finally,
4. Applicants who rejected a placement in Round One or Two.

24. SUBMITTING MOTIVATIONS FOR SPECIAL AND PERSONAL CONSIDERATIONS

Special or personal consideration motivations will be considered during the application process. However, it should be noted that submitting such a motivation does not guarantee it will be accepted or applied in the allocation processes. Applicants are encouraged to carefully review the requirements in the following sections and actively consider posts that will promote workable solutions.
24.1 Medical, disability or legal consideration effecting the applicant

A medical, disability or legal consideration which affects the applicant is classified as a special consideration. Note that in either of these three cases the motivation must affect the applicant to the point that it requires special consideration in their placement or is required under Section 15 of this guideline.

A weak motivation for example, would include a chronic illness that does not affect the person’s ability to be reasonably placed at any facility.

Note a medical intern applicant may be referred to the Health Professions Council of South Africa for an impairment review.

The following supporting documents should be submitted on ISCP Online as part of the motivation.

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Supporting Document</th>
<th>Level of motivation required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (personal)</td>
<td>Medical declaration form (see Annexure D)</td>
<td>Medical condition impacts where an applicant can be placed.</td>
</tr>
<tr>
<td>Legal (personal)</td>
<td>Copy of court order</td>
<td>Limits the movement of the applicant, for example, visitation rights of a spouse.</td>
</tr>
<tr>
<td>Non-medical disability (personal)</td>
<td>Affidavit declaring the nature of the non-medical disability and workplace assistance required</td>
<td>The disability impacts where an applicant can be placed.</td>
</tr>
</tbody>
</table>

**Note:** Any disability with a medical diagnosis must be addressed under a medical motivation.

Note: the submission will be reviewed by the relevant province to which the applicant has applied.

24.2 Personal considerations

A personal consideration affects the applicant’s placement but relates to a third party or circumstance outside of a special consideration (see Section 24.1).
Personal considerations tend to be subjective in nature, with a significant range of variability. This makes assessing such motivations challenging and time consuming when made in large numbers. Historically, up to 30% of applicants have used this mechanism to motivate for a specific placement. Keeping the requirements of the Employment Equity Act in mind, the Department of Health must ensure that processes to assess and apply these motivations are fair and rational.

Hence, from May 2017 ICSP Online will be applying a new method to assess personal motivations based on a matrix designed using 2016 application data. The matrix includes three elements, namely the nature of the motivation, the subject of the motivation and a quantifier. This matrix is shown in Figure 2 below.

**Figure 2. Personal consideration matrix**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Child</th>
<th>Spouse</th>
<th>Parent</th>
<th>Sibling</th>
<th>Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family responsibility</td>
<td>Quantifier</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>degree of impairment</td>
<td></td>
<td></td>
<td></td>
<td>adherence</td>
</tr>
<tr>
<td>Property ownership</td>
<td>degree of direct care/ dependency</td>
<td>service delivery advantage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To make a personal consideration submission, the applicant must carefully review Annexure E to identify what is required from them. ICSP Online will guide the applicant through a series of questions around their motivation and will allocate an initial score which will be confirmed during the provincial review.

**WARNING:** The applicant must upload all the required supporting documents. The application will not be finalised until all the documents are uploaded. Note: Documents submitted that do not address the stated requirements will negatively impact the assessment of the submission and may adversely affect a preferred placement.

Documents with inaccurate or misleading information will result in action against the applicant as described in Sections 19 and 20.
25. ALLOCATION ALGORITHM

For the 2018 community service and medical internship allocations, the allocation algorithm shown in Figure 2 will be used. The algorithm is only applicable to Rounds One and Two allocations.

Figure 2. Allocation Algorithm

As shown in Figure 2, where the number of applications are less than or equal to the number of posts available, the allocation will be made regardless of bursary or special consideration status as there are sufficient posts to accommodate all applicants. Note that a province or department might change these allocations for operational reasons.

Where the applications exceed the number of posts available, the algorithm first allocates bursars. Should posts remain, the allocation pathway is managed with or without special and personal considerations as a factor in the group of applicants. Where considerations are being applied, court orders, individual medical submissions and personal submission
are allocated consecutively. Randomised allocations will be made when there is more than one application at a given step in the algorithm. This is to give each applicant at a given step an equal opportunity to be allocated.

The NDoH of health will analyse the use of the algorithm for each round and may alter its perimeters to improve the number of people allocated or the distribution pattern. All allocations are subject to provincial or department review, changes and sign off.

26. EXCHANGES OR SWOPS

No exchanges or swops will be permitted in the 2017/18 cycles. Once placed, any changes to an individual placement is regarded as a transfer of an employee which must be managed at a provincial level. Any changes to placements must be recorded on ICSP Online to ensure an accurate placement record.

27. LOGGING QUERIES AND COMPLAINTS

Applicants should log any formal queries or complaints on the ICSP support email. The applicant will receive a system-generated ticket number for future reference. The NDoH will endeavour to reply to your query or complaint within five working days.

After five working days, the applicant may escalate their query or complaint to the Chief Director Human Resources for Health if the application is still in the allocation phase.

Once placed in a province, the applicant should contact the provincial contact person as indicated on their letter of employment. Queries or complaints logged at this stage at the National Department will be referred to the province or relevant department for further handling.

Should the applicant choose to escalate a query or complaint further, it will be implicitly understood that the applicant has granted the NDoH, province or department the right to share information regarding the application with the relevant authority.
ANNEXURE B: BURSARY DATA FIELDS

*Only for bursars in their final year of study or final year of internship who may require community service placement in 2018*

<table>
<thead>
<tr>
<th>Field</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>text/string</td>
<td>First name as it appears in the Bursary holder’s South African identity book or passport</td>
</tr>
<tr>
<td>Second Name</td>
<td>text/string</td>
<td>Second name as it appears in the Bursary holder's South African identity book or passport</td>
</tr>
<tr>
<td>Maiden Name</td>
<td>text/string</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>text/string</td>
<td>Surname as it appears in the bursary holder's South African identity document</td>
</tr>
<tr>
<td>Identity Number (ID)</td>
<td>text/string</td>
<td>Identity number as it appears in the bursary holder's identity document or passport</td>
</tr>
</tbody>
</table>
| Field of Study                             | text/string| Field of study bursary holder is enrolled  
1. Diagnostic Sonographer  
2. Diagnostic Radiographer  
3. Therapeutic Radiographer (Radiation)  
4. Nuclear Medicine Radiographer  
5. Professional Nurse  
6. Medical Practitioner  
7. Pharmacist  
8. Physiotherapist  
9. Speech Therapist  
10. Speech and Audiology Therapist  
11. Audiologist  
12. Dentist  
13. Dietician  
14. Clinical Psychologist  
15. Environmental Health Practitioner  
16. Occupational Therapist |
| Educational Institution                    | text/string| Tertiary institution where the bursary holder is registered                   |
| Cell Number                                | text/string| Contact details of the bursary holder                                         |
| Study Completion Date                      | date       | YYYY-MM                                                                     |
| DoH Work Back obligation                   | boolean    | Yes or No                                                                    |
| Work-back obligation site                  | text/string| Province/District/Sub-district/ Facility                                     |
ANNEXURE C: TERMS OF SERVICE AGREEMENT

PLEASE READ THE FOLLOWING TERMS OF SERVICE AGREEMENT CAREFULLY. BY ACCESSING OR USING OUR SITES AND OUR SERVICES, YOU HEREBY AGREE TO BE BOUND BY THE TERMS AND ALL TERMS INCORPORATED HEREIN BY REFERENCE. IT IS THE RESPONSIBILITY OF YOU, THE USER, CUSTOMER, OR PROSPECTIVE CUSTOMER TO READ THE TERMS AND CONDITIONS BEFORE PROCEEDING TO USE THIS SITE. IF YOU DO NOT EXPRESSLY AGREE TO ALL OF THE TERMS AND CONDITIONS, THEN PLEASE DO NOT ACCESS OR USE OUR SITES OR OUR SERVICES. THIS TERMS OF SERVICE AGREEMENT IS EFFECTIVE AS OF 01/03/2017.

ACCEPTANCE OF TERMS

The following Terms of Service Agreement (the "TOS") is a legally binding agreement that shall govern the relationship with our users and others which may interact or interface with The National Department Of Health, also known as NDoH, located in Pretoria South Africa and our subsidiaries and affiliates, in association with the use of the NDoH website, which includes ICSP Online, (the "Site") and its Services, which shall be defined below.

DESCRIPTION OF WEBSITE SERVICES OFFERED

The Site has the following description: Placement of Interns and community service personal.

Any and all visitors to our site, despite whether they are registered or not, shall be deemed as "users" of the herein contained Services provided for the purpose of this TOS. Once an individual register's for our Services, through the process of creating an account, the user shall then be considered a "member."

The user and/or member acknowledges and agrees that the Services provided and made available through our website and applications, which may include some mobile applications and that those applications may be made available on various social media networking sites and numerous other platforms and downloadable programs, are the sole property of The National Department Of Health. At its discretion, The National Department Of Health may offer additional website Services and/or products, or update, modify or revise any current content and Services, and this Agreement shall apply to any and all additional Services and/or products and any and all updated, modified or revised Services unless otherwise stipulated. The National Department of Health does hereby reserve the right to cancel and cease offering any of the aforementioned Services and/or products. You, as the end user and/or member, acknowledge, accept and agree that The National Department of Health shall not be held liable for any such updates, modifications, revisions, suspensions or discontinuance of any of our Services and/or products. Your continued use of the Services provided, after such posting of any updates, changes, and/or modifications shall constitute your acceptance of such updates, changes and/or modifications, and as such, frequent review of this Agreement and any and all applicable terms and policies should be made by you to ensure you are aware of all terms and policies currently in effect. Should you not agree to the updated, revised or modified terms, you must stop using the provided Services forthwith.

Furthermore, the user and/or member understands, acknowledges and agrees that the Services offered shall be provided "AS IS" and as such The National Department of Health shall not assume any responsibility or obligation for the timeliness, missed delivery, deletion and/or any failure to store user content, communication or personalization settings.

REGISTRATION

To register and become a "member" of the Site, you must be at least 18 years of age to enter into and form a legally binding contract. In addition, you must be in good standing and not an individual that has been previously barred from receiving NDoH's Services under the laws and statutes of South Africa or other applicable jurisdiction.

When you register, The NDoH may collect information such as your name, e-mail address, birth date, gender, mailing address, occupation and personal interests. You can edit your account information at any time. Once you register with The NDoH and sign in to our Services, you are no longer anonymous to us.

Furthermore, the registering party hereby acknowledges, understands and agrees to:

a) Furnish factual, correct, current and complete information with regards to yourself as may be requested by the data registration process, and
b) Maintain and promptly update your registration and profile information in an effort to maintain accuracy and completeness at all times.

If anyone knowingly provides any information of a false, untrue, inaccurate or incomplete nature, The National Department Of Health will have sufficient grounds and rights to suspend or terminate the member in violation of this aspect of the Agreement, and as such refuse any and all current or future use of National Department Of Health Services, or any portion thereof. All personal information will be used and processed in accordance with the Protection of Personal Information Act of 2013. You acknowledge that you are hereby informed that the collected personal information will be used and processed for the purpose of placement.

It is The National Department of Health's priority to ensure the safety and privacy of all its visitors, users and members.

MEMBER ACCOUNT, USERNAME, PASSWORD AND SECURITY

When you set up an account, you are the sole authorized user of your account. You shall be responsible for maintaining the secrecy and confidentiality of your password and for all activities that transpire on or within your account. It is your responsibility for any act or omission of any user(s) that access your account information that, if undertaken by you, would be deemed a violation of the TOS. It shall be your responsibility to notify National Department Of Health immediately if you notice any unauthorized access or use of your account or password or any other breach of security. National Department Of Health shall not be held liable for any loss and/or damage arising from any failure to comply with this term and/or condition of the TOS.

CONDUCT

As a user or member of the Site, you herein acknowledge, understand and agree that all information, text, software, data, photographs, music, video, messages, tags or any other content, whether it is publicly or privately posted and/or transmitted, is the expressed sole responsibility of the individual from whom the content originated. In short, this means that you are solely responsible for any and all content posted, uploaded, emailed, transmitted or otherwise made available by way of the NDoH Services, and as such, we do not guarantee the accuracy, integrity or quality of such content. It is expressly understood that by use of our Services, you may be exposed to content including, but not limited to, any errors or omissions in any content posted, and/or any loss or damage of any kind incurred as a result of the use of any content posted, emailed, transmitted or otherwise made available by The NDoH.

Furthermore, you herein agree not to make use of National Department Of Health's Services for the purpose of:

a) Uploading, posting, emailing, transmitting, or otherwise making available any content that shall be deemed unlawful, harmful, threatening, abusive, harassing, tortious, defamatory, vulgar, obscene, libelous, or invasive of another's privacy or which is hateful, and/or racially, ethnically, or otherwise objectionable;

b) Impersonating any individual or entity, including, but not limited to, any NDoH officials, forum leaders, guides or hosts or falsely stating or otherwise misrepresenting any affiliation with an individual or entity;

c) Forging captions, headings or titles or otherwise offering any content that you personally have no right to pursuant to any law nor having any contractual or fiduciary relationship with;

d) Uploading, posting, emailing, transmitting or otherwise offering any such content that may infringe upon any patent, copyright, trademark, or any other proprietary or intellectual rights of any other party;

e) Uploading, posting, emailing, transmitting or otherwise offering any content that you do not personally have any right to offer pursuant to any law or in accordance with any contractual or fiduciary relationship;

f) Uploading, posting, emailing, transmitting, or otherwise offering any unsolicited or unauthorized advertising, promotional flyers, “junk mail,” "spam," or any other form of solicitation, except in any such areas that may have been designated for such purpose;

g) Uploading, posting, emailing, transmitting, or otherwise offering any source that may contain a software virus or other computer code, any files and/or programs which have been designed to interfere, destroy and/or limit the operation of any computer software, hardware, or telecommunication equipment;
h) Disrupting the normal flow of communication, or otherwise acting in any manner that would negatively affect other users' ability to participate in any real time interactions;

i) Interfering with or disrupting any National Department of Health Services, servers and/or networks that may be connected or related to our website, including, but not limited to, the use of any device software and/or routine to bypass the robot exclusion headers;

j) Intentionally or unintentionally violating any local, state, federal, national or international law, including, but not limited to, rules, guidelines, and/or regulations decreed by any regulations having the force of law;

k) "Stalking" or with the intent to otherwise harass another individual; and/or

l) Collecting or storing of any personal data relating to any other member or user in connection with the prohibited conduct and/or activities which have been set forth in the aforementioned paragraphs.

The National Department Of Health herein reserves the right to pre-screen, refuse and/or delete any content currently available through our Services. In addition, we reserve the right to remove and/or delete any such content that would violate the TOS or which would otherwise be considered offensive to other visitors, users and/or members.

The National Department Of Health herein reserves the right to access, preserve and/or disclose member account information and/or content if it is requested to do so by law or in good faith belief that any such action is deemed reasonably necessary for:

a) Compliance with any legal process;

b) Enforcement of the TOS;

c) Responding to any claim that therein contained content is in violation of the rights of any third party;

d) Responding to requests for customer service; or

e) Protecting the rights, property or the personal safety of The National Department Of Health, its visitors, users and members, including the general public.

The National Department Of Health herein reserves the right to include the use of security components that may permit digital information or material to be protected, and that such use of information and/or material is subject to usage guidelines and regulations established by The National Department Of Health or any other content providers supplying content services to The National Department Of Health. You are hereby prohibited from making any attempt to override or circumvent any of the embedded usage rules in our Services. Furthermore, unauthorized reproduction, publication, distribution, or exhibition of any information or materials supplied by our Services, despite whether done so in whole or in part, is expressly prohibited.

INDEMNITY

All users and/or members herein agree to insure and hold The National Department Of Health, our subsidiaries, affiliates, agents, employees, officers, partners and/or licensors blameless or not liable for any claim or demand, which may arise from any content a member or user of our site may submit, post, modify, transmit or otherwise make available through our Services, the use of The NDoH Services or your connection with these Services, your violations of the Terms of Service and/or your violation of any such rights of another person.

COMMERCIAL REUSE OF SERVICES

The member or user herein agrees not to replicate, duplicate, copy, trade, sell, resell nor exploit for any commercial reason any part, use of, or access to The NDoH's sites.

USE AND STORAGE GENERAL PRACTICES

You herein acknowledge that The National Department of Health may set up any such practices and/or limits regarding the use of our Services, without limitation of the maximum number of days that any email, message posting or any other uploaded content shall be retained by The National Department Of Health, nor the maximum number of email messages that may be sent and/or received
by any member, the maximum volume or size of any email message that may be sent from or may be received by an account on our Service, the maximum disk space allowable that shall be allocated on National Department Of Health's servers on the member's behalf, and/or the maximum number of times and/or duration that any member may access our Services in a given period of time. In addition, you also agree that The National Department of Health has absolutely no responsibility or liability for the removal or failure to maintain storage of any messages and/or other communications or content maintained or transmitted by our Services. You also herein acknowledge that we reserve the right to delete or remove any account that is no longer active for an extended period of time. Furthermore, The National Department of Health shall reserve the right to modify, alter and/or update these general practices and limits at our discretion.

MODIFICATIONS

The National Department Of Health shall reserve the right at any time it may deem fit, to modify, alter and or discontinue, whether temporarily or permanently, our service, or any part thereof, with or without prior notice. In addition, we shall not be held liable to you or to any third party for any such alteration, modification, suspension and/or discontinuance of our Services, or any part thereof.

TERMINATION

As a user of ICSP Online System, you may cancel or terminate your account, associated email address and/or access to our Services by submitting a cancellation or termination request.

As a user, you agree that National Department Of Health may, without any prior written notice, immediately suspend, terminate, discontinue and/or limit your account, any email associated with your account, and access to any of our Services. The cause for such termination, discontinuance, suspension and/or limitation of access shall include, but is not limited to:

a) Any breach or violation of our TOS or any other incorporated agreement, regulation and/or guideline;
b) By way of requests from law enforcement or any other governmental agencies;
c) The discontinuance, alteration and/or material modification to our Services, or any part thereof;
d) Unexpected technical or security issues and/or problems;
e) Any extended periods of inactivity;
f) Any engagement by you in any fraudulent or illegal activities; and/or

Furthermore, you herein agree that any and all terminations, suspensions, discontinuances, and or limitations of access for cause shall be made at our sole discretion and that we shall not be liable to you or any other third party with regards to the termination of your account, associated email address and/or access to any of our Services.

The termination of your account with ICSP Online shall include any and/or all of the following:

a) The removal of any access to all or part of the Services offered within ICSP Online;
b) The deletion of your password and any and all related information, files, and any such content that may be associated with or inside your account, or any part thereof; and
c) The barring of any further use of all or part of our Services.

LINKS

Either The National Department of Health or any third parties may provide links to other websites and/or resources. Thus, you acknowledge and agree that we are not responsible for the availability of any such external sites or resources, and as such, we do not endorse nor are we responsible or liable for any content, products, advertising or any other materials, on or available from such third party sites or resources. Furthermore, you acknowledge and agree that The National Department of Health shall not be responsible or liable, directly or indirectly, for any such damage or loss which may be a result of, caused or allegedly to be caused by or in connection with the use of or the reliance on any such content, goods or Services made available on or through any such site or resource.
PROPRIETARY RIGHTS

You do hereby acknowledge and agree that The National Department Of Health's Services and any essential software that may be used in connection with our Services ("Software") shall contain proprietary and confidential material that is protected by applicable intellectual property rights and other laws. Furthermore, you herein acknowledge and agree that any Content, which may be contained in any advertisements or information presented by and through our Services or by advertisers is protected by copyrights, trademarks, patents or other proprietary rights and laws. Therefore, except for that which is expressly permitted by applicable law or as authorized by The National Department Of Health or such applicable licensor, you agree not to alter, modify, lease, rent, loan, sell, distribute, transmit, broadcast, publicly perform and/or created any plagiaristic works which are based on The National Department of Health Services (e.g. Content or Software), in whole or part.

The National Department Of Health herein has granted you personal, non-transferable and non-exclusive rights and/or license to make use of the object code or our Software on a single computer, as long as you do not, and shall not, allow any third party to duplicate, alter, modify, create or plagiarize work from, reverse engineer, reverse assemble or otherwise make an attempt to locate or discern any source code, sell, assign, sublicense, grant a security interest in and/or otherwise transfer any such right in the Software. Furthermore, you do herein agree not to alter or change the Software in any manner, nature or form, and as such, not to use any modified versions of the Software, including and without limitation, for the purpose of obtaining unauthorized access to our Services. Lastly, you also agree not to access or attempt to access our Services through any means other than through the interface, which is provided by The National Department of Health for use in accessing our Services.

WARRANTY DISCLAIMERS

YOU HEREBIN EXPRESSLY ACKNOWLEDGE AND AGREE THAT:

a) THE USE OF THE NATIONAL DEPARTMENT OF HEALTH SERVICES AND SOFTWARE ARE AT THE SOLE RISK BY YOU. OUR SERVICES AND SOFTWARE SHALL BE PROVIDED ON AN "AS IS" AND/OR "AS AVAILABLE" BASIS. NATIONAL DEPARTMENT OF HEALTH AND OUR SUBSIDIARIES, AFFILIATES, OFFICERS, EMPLOYEES, AGENTS, PARTNERS AND LICENSORS EXPRESSLY DISCLAIM ANY AND ALL WARRANTIES OF ANY KIND WHETHER EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF TITLE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT.

b) THE NATIONAL DEPARTMENT OF HEALTH AND OUR SUBSIDIARIES, OFFICERS, EMPLOYEES, AGENTS, PARTNERS AND LICENSORS MAKE NO SUCH WARRANTIES THAT (i) THE NATIONAL DEPARTMENT OF HEALTH SERVICES OR SOFTWARE WILL MEET YOUR REQUIREMENTS; (ii) THE NATIONAL DEPARTMENT OF HEALTH SERVICES OR SOFTWARE SHALL BE UNINTERRUPTED, TIMELY, SECURE OR ERROR-FREE; (iii) THAT SUCH RESULTS WHICH MAY BE OBTAINED FROM THE USE OF THE NATIONAL DEPARTMENT OF HEALTH SERVICES OR SOFTWARE WILL BE ACCURATE OR RELIABLE; (iv) QUALITY OF ANY PRODUCTS, SERVICES, ANY INFORMATION OR OTHER MATERIAL WHICH MAY BE PURCHASED OR OBTAINED BY YOU THROUGH OUR SERVICES OR SOFTWARE WILL MEET YOUR EXPECTATIONS; AND (v) THAT ANY SUCH ERRORS CONTAINED IN THE SOFTWARE SHALL BE CORRECTED.

c) ANY INFORMATION OR MATERIAL DOWNLOADED OR OTHERWISE OBTAINED BY WAY OF NATIONAL DEPARTMENT OF HEALTH SERVICES OR SOFTWARE SHALL BE ACCESSED BY YOUR SOLE DISCRETION AND SOLE RISK, AND AS SUCH YOU SHALL BE SOLELY RESPONSIBLE FOR AND HEREBY WAIVE ANY AND ALL CLAIMS AND CAUSES OF ACTION WITH RESPECT TO ANY DAMAGE TO YOUR COMPUTER AND/OR INTERNET ACCESS, DOWNLOADING AND/OR DISPLAYING, OR FOR ANY LOSS OF DATA THAT COULD RESULT FROM THE DOWNLOAD OF ANY SUCH INFORMATION OR MATERIAL.

d) NO ADVICE AND/OR INFORMATION, DESPITE WHETHER WRITTEN OR ORAL, THAT MAY BE OBTAINED BY YOU FROM THE NATIONAL DEPARTMENT OF HEALTH OR BY WAY OF OR FROM OUR SERVICES OR SOFTWARE SHALL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THE TOS.

e) A SMALL PERCENTAGE OF SOME USERS MAY EXPERIENCE SOME DEGREE OF EPILEPTIC SEIZURE WHEN EXPOSED TO CERTAIN LIGHT PATTERNS OR BACKGROUNDS THAT MAY BE CONTAINED ON A COMPUTER SCREEN OR WHILE USING OUR SERVICES. CERTAIN CONDITIONS MAY INDUCE A PREVIOUSLY UNKNOWN CONDITION OR UNDETECTED EPILEPTIC SYMPTOM IN USERS WHO HAVE SHOWN NO HISTORY OF ANY PRIOR SEIZURE OR EPILEPSY. SHOULD YOU, ANYONE YOU KNOW OR ANYONE IN YOUR FAMILY HAVE AN EPILEPTIC
CONDITION, PLEASE CONSULT A PHYSICIAN IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS WHILE USING OUR SERVICES: DIZZINESS, ALTERED VISION, EYE OR MUSCLE TWITCHES, LOSS OF AWARENESS, DISORIENTATION, ANY INVOLUNTARY MOVEMENT, OR CONVULSIONS.

LIMITATION OF LIABILITY

YOU EXPPLICITLY ACKNOWLEDGE, UNDERSTAND AND AGREE THAT THE NATIONAL DEPARTMENT OF HEALTH AND OUR SUBSIDIARIES, AFFILIATES, OFFICERS, EMPLOYEES, AGENTS, PARTNERS AND LICENSORS SHALL NOT BE LIABLE TO YOU FOR ANY PUNITIVE, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES WHICH MAY BE RELATED TO THE LOSS OF ANY PROFITS, GOODWILL, USE, DATA AND/OR OTHER INTANGIBLE LOSSES, EVEN THOUGH WE MAY HAVE BEEN ADVISED OF SUCH POSSIBILITY THAT SAID DAMAGES MAY OCCUR, AND RESULT FROM:

a) THE USE OR INABILITY TO USE OUR SERVICE;

b) THE COST OF PROCURING SUBSTITUTE GOODS AND SERVICES;

c) UNAUTHORIZED ACCESS TO OR THE ALTERATION OF YOUR TRANSMISSIONS AND/OR DATA;

d) STATEMENTS OR CONDUCT OF ANY SUCH THIRD PARTY ON OUR SERVICE;

e) AND ANY OTHER MATTER, WHICH MAY BE RELATED TO OUR SERVICE.

RELEASE

In the event you have a dispute, you agree to release The National Department Of Health (and its officers, directors, employees, agents, parent subsidiaries, affiliates, co-branders, partners and any other third parties) from claims, demands and damages (actual and consequential) of every kind and nature, known and unknown, suspected or unsuspected, disclosed and undisclosed, arising out of or in any way connected to such dispute.

SPECIAL ADMONITION RELATED TO FINANCIAL MATTERS

Should you intend to create or to join any service, receive or request any such news, messages, alerts or other information from our Services concerning companies, stock quotes, investments or securities, please review the above Sections Warranty Disclaimers and Limitations of Liability again. In addition, for this particular type of information, the phrase "Let the investor beware" is appropriate. National Department Of Health's content is provided primarily for informational purposes, and no content that shall be provided or included in our Services is intended for trading or investing purposes. National Department Of Health and our licensors shall not be responsible or liable for the accuracy, usefulness or availability of any information transmitted and/or made available by way of our Services, and shall not be responsible or liable for any trading and/or investment decisions based on any such information.

EXCLUSION AND LIMITATIONS

THERE ARE SOME JURISDICTIONS, WHICH DO NOT ALLOW THE EXCLUSION OF CERTAIN WARRANTIES OR THE LIMITATION OF EXCLUSION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. THEREFORE, SOME OF THE ABOVE LIMITATIONS OF SECTIONS WARRANTY DISCLAIMERS AND LIMITATION OF LIABILITY MAY NOT APPLY TO YOU.

THIRD PARTY BENEFICIARIES

You herein acknowledge, understand and agree, unless otherwise expressly provided in this TOS, that there shall be no third-party beneficiaries to this agreement.

NOTICE

The National Department Of Health may furnish you with notices, including those with regards to any changes to the TOS, including but not limited to email, regular mail, MMS or SMS, text messaging, postings on our website Services, or other reasonable means currently known or any which may be herein after developed. Any such notices may not be received if you violate any aspects of the TOS by accessing our Services in an unauthorized manner. Your acceptance of this TOS constitutes your agreement that you are
deemed to have received any and all notices that would have been delivered had you accessed our Services in an authorized manner.

TRADEMARK INFORMATION

You herein acknowledge, understand and agree that all of The National Department of Health trademarks, copyright, trade name, service marks, and other National Department of Health logos and any brand features, and/or product and service names are trademarks and as such, are and shall remain the property of The National Department of Health. You herein agree not to display and/or use in any manner The National Department of Health logo or marks without obtaining The National Department of Health's prior written consent.

GENERAL INFORMATION

WAIVER AND SEVERABILITY OF TERMS

At any time, should The National Department Of Health fail to exercise or enforce any right or provision of the TOS, such failure shall not constitute a waiver of such right or provision. If any provision of this TOS is found by a court of competent jurisdiction to be invalid, the parties nevertheless agree that the court should endeavor to give effect to the parties' intentions as reflected in the provision, and the other provisions of the TOS remain in full force and effect.

STATUTE OF LIMITATIONS

You acknowledge, understand and agree that regardless of any statute or law to the contrary, any claim or action arising out of or related to the use of our Services or the TOS must be filed within 30 days after said claim or cause of action arose or shall be forever barred.

VIOLATIONS

Please report any and all violations of this TOS to The National Department of Health.
ANNEXURE D: MEDICAL DECLARATION FORM

SUPPORTING INFORMATION : SPECIAL CONSIDERATION OF MEDICAL OR HEALTH RELATED CONDITIONS IN PLACING A MEDICAL INTERN OR COMMUNITY SERVICE PROFESSIONAL

This form is to be completed by the healthcare professional currently providing care to the person requesting special consideration of an existing condition. As the attending healthcare professional you are being asked to confirm that the person below has a medical or other health related condition requiring specialised and/or on-going treatment that demands special consideration in placing the applicant in an internship or community service post. Please ensure all sections are completed in full.

GRANTING PERMISSION TO SHARE INFORMATION ON DIAGNOSIS AND TREATMENT

I, ____________________________ (full names of patient), with the identity number ____________________________ hereby give permission to ____________________________

(name of healthcare professional completing this form) to provide the Department of Health all the information required below.

Signed at ______________________ (place), on this _____ day of _______ 20____

__________________________
Signature

__________________________
Full names

Witnessed by:

__________________________
Signature

__________________________
Full names
1. DETAILS OF HEALTHCARE PROFESSIONAL

Prof/ Dr/ Mr/ Ms ____________________________________________ (full names)

Professional registration: ____________________________ (for example medical practitioner/ specialist in cardiology)

Professional Council Registration Number: ________________

Practice Number (if applicable): _____________________________

Physical address of practice: ______________________________________

___________________________________________________________________

Contact details of the health professional

Tel: (_____) ___________________ Email: _________________________________

2. DIAGNOSIS AND TREATMENT

How long has the applicant been under your direct care? ______________

What is the diagnosis relevant to this application, for which you are currently providing care and treatment? Please include ICD10 codes.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Are there any complicating factors related to the above diagnosis and/or treatment thereof in terms of this specific individual?

Yes/No- If yes please provide details

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In your professional opinion, could the treatment or care of this individual be provided in another province or town by a healthcare professional similarly qualified as yourself?

Yes/ No- If no please provide details

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

To the best of your knowledge, could the individual given their condition and/or treatment be placed at any healthcare facility?

Yes/ No- If no please provide details of what needs to be considered for placement.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
DECLARATION BY HEALTHCARE PROFESSIONAL

I, ________________________________ (full names of the healthcare professional completing this form) hereby confirm that the above information is to the best of my knowledge correct.

Signed at ___________________________ (place), on this ______ day of ________

20____

________________________  __________________________
Signature                  Full names
ANNEXURE E: PERSONAL CONSIDERATION WEIGHTING

Note this tool is still under development

PERSONAL CONSIDERATION WEIGHTING GUIDELINE

PLEASE READ THIS INTRODUCTION CAREFULLY

You may submit a personal consideration related to your application for placement. Please note that while such submissions will be considered, it is not always possible for provinces to give you an exact placement. Therefore, the Department of Health strongly encourages applicants to include as many workable choices as possible when applying. This may require that you consider facilities which are in less demand for placements. You may also want to review the facility profiles to get a better sense of what some facilities have to offer.

WARNING: Providing misleading or false information in this submission could result in your application being set aside pending an investigation and possible disciplinary action by your professional council.

You will need to provide proof of your claims in this submission. Please ensure you have digitally scanned into PDF format or taken good quality jpeg photos of all the requested documents before you upload them on ICSP Online. Incomplete or poor image quality submissions will not be considered.

How weight system works

From the 2016/17 ICSP cycle, the Department of Health identified four general motivations for personal considerations. The current weighting system is designed around these motivations. With this in mind, the Department encourages applicants to use the standard weighting guideline as far as possible.

However, if your submission cannot fit into these four motivational areas please ensure that you include the following information. The primary motivation (the what), the subject of the motivation (the person referred to), how the applicant is impacted, and to what degree (the dependency created). All submissions must include proof of claims made in the submission, including affidavits, certificates and supporting reports from recognised professionals or bodies. Use the standard weighting questionnaire to guide you on which documents to submit. If unsure, log a query on the ICSP support email.

The highest number of points you can be awarded per motivation is five points, with a maximum of ten points per applicant. Note this questionnaire acts only as a guide, the final decision on points awarded and how to prioritise placements remains with the provincial and national departments. The final point score will be communicated to the applicant once reviewed.
**ENGAGEMENT, MARRIAGE OR PERMANENT SPOUSAL RELATIONSHIP RELATED MOTIVATIONS**

<table>
<thead>
<tr>
<th>If your motivation relates to marriage, and your submission indicates you are:</th>
<th>Points</th>
<th>Please load the following documents onto ICSP Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged with no children</td>
<td>1</td>
<td>Affidavit from applicant, template can be downloaded from ICSP support. Affidavit from 2 others confirming the engagement, template can be downloaded from ICSP support.</td>
</tr>
<tr>
<td>Married or in spousal relationship with no children</td>
<td>2</td>
<td>Marriage certificate Spousal relationship affidavits, template can be downloaded from ICSP support.</td>
</tr>
<tr>
<td>Married or in spousal relationship or engaged with preschool child or infant</td>
<td>3</td>
<td>Marriage certificate; or spousal relationship affidavits, template can be downloaded from ICSP support. Birth certificate</td>
</tr>
<tr>
<td>Married or in spousal relationship or engaged with a school-going child</td>
<td>4</td>
<td>Marriage certificate; or spousal relationship affidavits, template can be downloaded from ICSP support. Birth certificate Letter from school confirming attendance of child</td>
</tr>
<tr>
<td>Married or in spousal relationship or engaged to a health professional working in the public service</td>
<td>add 1</td>
<td>Marriage certificate; or spousal relationship affidavits, template can be downloaded from ICSP support. Letter from facility HR confirming employment</td>
</tr>
</tbody>
</table>

**Permeant spousal relationships:** To qualify the spouse must be living with the applicant for a minimum of two consecutive years and be in an exclusive relationship.

**FAMILY RESPONSIBILITY RELATED MOTIVATIONS**

<table>
<thead>
<tr>
<th>If your motivation relates to family responsibilities (excluding marriage), and your submission states:</th>
<th>Points</th>
<th>Please load the following documents onto ICSP Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person/s referred to does not have an impairment that makes them dependent on the applicant for daily care.</td>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>The person/s referred to has an impairment that makes them dependent on the applicant for daily care.</td>
<td>2</td>
<td>Affidavit stating dependency, template can be downloaded from ICSP support, or A report from a registered health or social development worker stating the decency.</td>
</tr>
<tr>
<td>The person/s referred to lives with the applicant.</td>
<td>add 3</td>
<td>Same as above but confirms person lives with the applicant.</td>
</tr>
<tr>
<td>The person referred to has a terminal illness.</td>
<td>5</td>
<td>Medical report from treating doctor confirming terminal illness.</td>
</tr>
</tbody>
</table>

*Person/s referred to may only include a child, spouse, parent or sibling*
RELIGION RELATED MOTIVATIONS

If your motivation relates to religion, and your submission includes:

<table>
<thead>
<tr>
<th>Points</th>
<th>Please load the following documents onto ICSP Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Letter of confirmation as agreed to by the National Department of Health.</td>
</tr>
</tbody>
</table>

Confirmation of religious practice by a recognised national council or board, which is based on an agreement with the Department of Health, where a placement will be within 100km or 1 hour drive from a designated place of worship or religious centre

Note: Motivations related to ownership of property, animals, business or rental agreements will not be awarded any points.
DEPARTMENT OF HEALTH
INTERNSHIP COMMUNITY SERVICE PLACEMENT PROGRAMME

AFFIDAVIT IN RESPECT TO BEING ENGAGED TO BE MARRIED

We, the undersigned,

ICSP APPLICANT

Surname: ………………………………………………………………………………………………………

First names (in full): ………………………………………………………………………………………

Address: ………………………………………………………………………………………………………

……………………………………………………………………………………………………

mark with X

Female  Male  Other gender designation

Identity number:

Passport number: ……………………………………………………………

And,

FIANCÉ TO APPLICANT

Surname: ………………………………………………………………………………………………………

First names (in full): ………………………………………………………………………………………

Address: ………………………………………………………………………………………………………

………………………………………………………………………………………………………………
mark with X

|   | Female | Male | Other gender designation |

Identity number:

Passport number: ...............................................................  

**Hereby make oath and say/ solemnly affirm**  *delete as required*

That we are in a relationship and are engaged to be legally married or to enter into a civil union* on

…………………. 20…. ;

I know and understand the contents of this declaration.
I have no objection to taking the prescribed oath.
I consider the prescribed oath as binding on my conscience.

___________________________ ________________________
SIGNED ICSP APPLICANT SIGNED FIANCÉ TO APPLICANT

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the ........ day of ................. 20..., at ........................................ the deponent having confirmed and acknowledged: -
That he knows and understands the contents of this declaration;
that he has no objection to taking the prescribed oath;
and that he considers the prescribed oath as binding on his conscience.

___________________________
COMMISSIONER OF OATHS

Full names: ______________________________________________________________
Address: ________________________________________________________________
Rank/office held: _________________________________________________________
Area for which appointed: ________________________________________________
DEPARTMENT OF HEALTH
INTERNSHIP COMMUNITY SERVICE PLACEMENT PROGRAMME

AFFIDAVIT IN RESPECT TO
PERMANENT SPOUSAL RELATIONSHIP

We, the undersigned,

ICSP APPLICANT

Surname: ………………………………………………………………………………………………………………………………..

First names (in full): …………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

mark with X

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Other gender designation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identity number:

 Passport number: ……………………………………………………………

And,

SPOUSE

Surname: …………………………………………………………………………………………………………………………………

First names (in full): …………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………
mark with X

| Female | Male | Other gender designation |

Identity number:

Passport number: ..........................................................

**Hereby make oath and say/ solemnly affirm**  
*delete as required*

We are parties to a spousal relationship for the past ...... year and ...... months, which is intended to be permanent, excludes any other person, and involves cohabitation, an obligation of mutual emotional support between us and a reciprocal obligation to support one another financially.

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

____________________________  ______________________________
SIGNED ICSP APPLICANT       SIGNED FIANCÉ TO APPLICANT

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the ........ day of ................. 20...., at ......................... the deponent having confirmed and acknowledged:-

a) That he knows and understands the contents of this declaration;

a) that he has no objection to taking the prescribed oath;

b) and that he considers the prescribed oath as binding on his conscience.

____________________________
COMMISSIONER OF OATHS

Full names: ______________________________________________________

Address: _________________________________________________________

Rank/office held: ________________________________________________

Area for which appointed: ________________________________________
DEPARTMENT OF HEALTH
INTERNSHIP COMMUNITY SERVICE PLACEMENT PROGRAMME

AFFIDAVIT IN RESPECT TO
CONFIRMING A RELATIONSHIP

I, the undersigned,

Surname: ……………………………………………………………………………………………………………………………………………………………

First names (in full): …………………………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

mark with X

Female  Male  Other gender designation

Identity number:

……………………………………………………………………………………………………………………………………………………………………………………

Passport number: …………………………………………………………………………………………………………………………………………………………..

Knowing,

THE ICSP APPLICANT

Surname: …………………………………………………………………………………………………………………………………………………………………

First names (in full): …………………………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………

mark with X

Female  Male  Other gender designation
Identity number: ____________________________

Passport number: ____________________________

And;

FIANCÉ/ SPOUSE* TO THE APPLICANT

Surname: …………………………………………………………………………………..

First names (in full): ………………………………………………………………………

Address:………………………………………………………………………………………………………

…………………………………………………………………………………………………………

mark with X

Female    Male    Other gender designation

Identity number: ____________________________

Passport number: ____________________________

Hereby make oath and say/ solemnly affirm*     *delete as required

1. The facts contained herein, save where indicated otherwise, are within my own personal knowledge and are to the best of my knowledge and belief both true and correct.

   Engaged       Spousal relationship

2. That the named ICSP applicant is engaged to the above person*.

3. That they have set a date for them to be legally married*

2. That the named ICSP applicant is in a permanent spousal relationship* with the person above*.

3. Have cohabitated for two years and been in an exclusive relationship during that time*
I know and understand the contents of this declaration.
I have no objection to taking the prescribed oath.
I consider the prescribed oath as binding on my conscience.

___________________________
SIGNED

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the ........ day of .................. 20..., at ......................... the deponent having confirmed and acknowledged:

That he knows and understands the contents of this declaration;
that he has no objection to taking the prescribed oath;
and that he considers the prescribed oath as binding on his conscience.

___________________________
COMMISSIONER OF OATHS

Full names: __________________________________________________________
Address: __________________________________________________________
Rank/office held: ____________________________________________________
Area for which appointed: ____________________________________________