

GINA@WORK NURSING AND CARE WORKER UNIFORM ORDER FORM

GARMENT	TYPE	SIZE	QTY	SIZE	VALUE	TOTAL
NURSING						
Samuel (Unisex)	Top	XS - 5XL			R316.30	
Emery (Ladies)	Top	XS - 5XL			R328.55	
Oak (Men)	Pants	S - 3XL			R242.50	
Magnolia (Ladies)	Pants	XS - 5XL			R242.50	
Teak (65cm)	Skirt	28 - 50			R300.00	
Teak (75cm)	Skirt	28 - 50			R311.50	
Nazley	Fitted Headgear/Scarf				R169.05	
ADDITIONAL						
Rowan (Fleece)	Jacket	XXS - 5XL			R632.50	
TOTAL (Note that all the prices above include VAT and subsidy)						

Panel member full name: _____ Branch Name: _____

Payment option (Please tick correct option) :

One payment		Two payments		Three payments	
------------------------	--	-------------------------	--	---------------------------	--

Panel member signature: _____ MHR number: _____ Date: _____

APPROVAL:

MHR Manager full name: _____ Signature: _____ Date: _____

Thank you for ordering your uniform from Gina@Work. We trust that you will be satisfied with your garments, as well as the service you receive. MHR has selected the styles as depicted on the **2024 Gina@Work Nursing and Care worker uniform pricelist**. Garments are only available as described on the pricelist i.e. colour, sleeve length, fabric, etc.

IMPORTANT NOTE:

1. If you require minor alterations, please consult a tailor or dressmaker. **Unfortunately, we do not do alterations.**
2. Please make sure that you order the correct item and size. **We do not refund or exchange garments.**
3. Any queries relating to your order should be directed to your uniform coordinator at MHR.

For office use only		
Action	Date	Signature
Loaded on Shared Folder		
Uniform Received		

AUTHORITY FOR SALARY DEDUCTION

Name and Surname: _____

ID / Passport no.: _____ or MHR no.: _____

I hereby give MHR permission to deduct the sum of R_____ from my payment for:

Please mark the applicable deduction with a ✓ and fill in the correct amount to be deducted

TYPE OF DEDUCTION	TICK	AMOUNT
MHR uniform <i>(Refer to the total indicated on the uniform order form)</i>		R
Training <i>(Total confirmed by the MHR facilitator)</i>		R
Name badge <i>(The first name badge is free of charge. MHR charges a fee to replace a lost name badge or for a new name badge for a rank, job title or surname change)</i>		R
Access card <i>(The first access card is free of charge. The client charges a fee to replace a lost access card or for a new access card for a surname change)</i>		R
TOTAL		R

Signed at _____ on this _____ day of _____ 20____

Signature: Applicant/Panel member

Signature: MHR representative

FOR OFFICE USE ONLY

Date deduction instruction was forwarded to MHR Pay office: _____

Deduction submitted by: _____

Deduction processed by: _____