

FORM 7

PERMIT TO PERFORM ESSENTIAL OR PERMITTED SERVICE

Please note that the person to whom the permit is issued must at all times a form of identification to be presented together with this permit. If no identification is presented the person to whom the permit is issued will have to return to his or her place of residence.

I, being the head of the institution, with the below-mentioned details,

Surname				
Full names				
Identity Number				
Contact Details	Cell nr.	Tel Nr (W)	Tel Nr(H)	Email address
Physical Address of Institution				
<i>Hereby certify that the below-mentioned official/employee is performing services in my institution:</i>				
Surname				
Full names				
Identity Number				
Place of residence of employee				

Signed at _____, on this the _____ day of _____

Signature of Head of Institution

<i>Official stamp of Institution</i>
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[practice letterhead]

**ADDITIONAL INFORMATION: CONFIRMATION OF REQUIREMENT TO WORK DURING
RELEVANT LOCKDOWN LEVELS**

Our practice has pursuant to the various sets of regulations as amended to create levels 5 to 1 of the Regulations issued under the Disaster Management Act, 2002, identified the person whose name appears on the permit, as being covered by Regulation 16(2) (level 5), 28(4) (level 4), 33(1A) (level 3), 50 (level 2) as per regulation 82, level 1 of 15 December 2020 (22:00- 04:00).

The practice [INSERT PRACTICE NAME] is a [insert practice], and the bearer of this letter is part of ensuring the delivery of these services as essential to the provision of health care services.

S/he fulfils the role of [insert].

[If applicable: His/her professional (HPCSA/ SANC / ...) number is:...]

[If applicable: S/he may also need to carry medical supplies and equipment, the transportation of which is part of this essential role.]

- Our business is situated at [address]. The holder of this permit may however need to visit other sites where healthcare is delivered, namely [insert]
- The general working hours are: [insert]. However, bear in mind that emergency services may need to be rendered at any hour.

We are compliant with all the other regulations required to implement the necessary steps during this state of disaster.

Kindly allow Mr/Ms/Dr ... to travel to and from the above address(es) in order to ensure the delivery of services permitted during level 3 of the disaster

If there are any queries or concerns, please contact [insert name, surname and contact details] who will verify the above, [if applicable: alternatively contact insert name, surname and contact details]

Yours

[signature]

[initials, surname]