

## GINA@WORK NURSING AND CARE WORKER UNIFORM ORDER FORM

GARMENT	TYPE	SIZE	QTY	SIZE	VALUE	TOTAL
NURSING						
Samuel (Unisex)	Тор	XS - 5XL			R339.78	
Emery (Ladies)	Тор	XS - 5XL			R352.83	
Oak (Men)	Pants	S - 3XL			R261.19	
Magnolia (Ladies)	Pants	XS - 5XL			R261.19	
Teak (65cm)	Skirt	28 - 50			R322.43	
Teak (75cm)	Skirt	28 - 50			R334.67	
Nazley	Fitted Headgear/Scarf				R180.04	
ADDITIONAL						
Rowan (Fleece)	Jacket	XXS - 5XL			R673.61	
TOTAL (*Note that all the prices above include VAT and the MHR subsidy is applicable)						

Panel member full name:	Branch Name:					
Payment option (Please tick correct option) :	One payment	Two payments	Three payments			
Panel member signature:	MHR num	ber:	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 **2025 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 a	and Surname:					
ID / Pas	Passport no.: or MHR no.:					
I hereb	y give MHR permission to	deduct the sum	of R	from ı	my paymen	t for:
Please	mark the applicable deduc	ction with a 🗸 a	and fill in t	he correct amount	to be dedu	cted
TYPE	OF DEDUCTION				TICK	AMOUNT
MHR	uniform (Refer to the total in	ndicated on the u	niform orde	er form)		R
Traini	ng (Total confirmed by the N	MHR facilitator)				R
Name badge (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)						R
	ss card (The first access ca ace a lost access card or for					R
ТОТА	L					R
Signed	at	or	ı this	day of		20
Signature: Applicant/Panel member				Signature: MH	tative	
	FOR OFFICE USE OF	NLY				
Date deduction instruction was forwarded to MHR Pay office:						
Deduction submitted by:						
	Deduction processed b	y:				