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Quotation Advert

Opening Date: 2021-09-23

Closing Date: 2021-10-01

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Zululand district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Zululand Health District Office

Date Submitted: 2021-09-21

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
ZUL-61/21/22

Item Category: Goods

Item Description: PRINT PRE POST OPERATION VMMC, ADVERSE EVENT CLASSIFICATION
AND PRINT AND BIND MMC CLINICAL FILES

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DEPARTMENTAL WEBSITE

QUOTES SHOULD BE DELIVERED TO: thabisile.madela@kznhealth.gov.za Zululand Health District tenderbox

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: S.T.MHLUNGU

Email: thabisile.madela@kznhealth.gov.za

Contact Number: 0358740681

Finance Manager Name: K. S. WALA

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: **ZULULAND HEALTH DISTRICT OFFICE**

DATE ADVERTISED: 23/09/2021 CLOSING DATE: 01/10/2021 CLOSING TIME: 11:00

FACSIMILE NUMBER: 086 533 9906 E-MAIL ADDRESS: thabisile.madela@kznhealth.gov.za

PHYSICAL ADDRESS: KING DINUZULU HIGHWAY, LA ADMIN BLOCK GROUND FLOOR ZONE 6 ULUNDI

ZNQ NUMBER: **ZUL-61/21/22**

DESCRIPTION: PRINT PRE AND POST OPERATION VMMC,ADVERSE EVENT CLASSIFICATION & PRINT AND BINDING MMC CLINICAL FILES

CONTRACT PERIOD..... VALIDITY PERIOD 60 Days
(if applicable)

SARS PIN: [REDACTED]

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

KING DINUZULU HIGHWAY, LA ADMIN BLOCK GROUND FLOOR ZONE 6 ULUNDI

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED
(FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER

POSTAL ADDRESS

STREET ADDRESS

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER

E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES		NO	
-----	--	----	--

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: **ZUL-61/21/22**

DESCRIPTION: PRINT PRE AND POST OPERATION VMMC,ADVERSE EVENT CLASSIFICATION & PRINT AND BINDING MMC CLINICAL FILES

SIGNATURE OF BIDDER DATE.....
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

[illegible]

Does This Offer Comply With The Specification?		Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?		State Delivery Period E.G. <i>E.G. 1day, 1week</i>	

Enquiries regarding the quote may be directed to:

Contact Person: **S.T.MHLUNGU** Tel: **0358740681**

E-Mail Address: thabisile.madela@kznhealth.gov.za

Enquiries regarding technical information may be directed to:

Contact Person: **S.NZUNGANA** Tel: **0358740727**

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
- the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number:
 2.2. Identity Number: 2.5. Tax Reference Number:
 2.3. Position occupied in the Company (director, trustee, shareholder²):..... 2.6. VAT Registration Number:

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

2.8. Are you or any person connected with the bidder presently employed by the state?

[TICK APPLICABLE]

YES ☐ NO ☐

2.8.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution: Any other particulars:

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES ☐ NO ☐

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES ☐ NO ☐

2.9.1. If so, furnish particulars:

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote?

YES ☐ NO ☐

2.10.1. If so, furnish particulars:

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote?

YES ☐ NO ☐

2.11.1. If so, furnish particulars:

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES ☐ NO ☐

2.12.1. If so, furnish particulars:

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
 Name of bidder Signature Position Date

¹"State" means –

- a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
 b) any municipality or municipal entity;

- c) provincial legislature;
 d) national Assembly or the national Council of provinces; or
 e) Parliament.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
 - (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

- 7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

8. STATEMENT OF SUPPLIES AND SERVICES

- 9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
 - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
- (a) Price; and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 P_{\min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

- 4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

- 6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

(Tick applicable box)

- 7.1 Will any portion of the contract be sub-contracted?

YES		NO	
-----	--	----	--

- 7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
 ii) The name of the sub-contractor.....
 iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

- iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

YES		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at least 51% owned by:	EME ✓	QSE ✓
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]

- ☐ Partnership/Joint Venture / Consortium
- ☐ One person business/sole propriety
- ☐ Close corporation
- ☐ Company
- ☐ (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

9.6 COMPANY CLASSIFICATION [TICK APPLICABLE BOX]

- ☐ Manufacturer
- ☐ Supplier
- ☐ Professional service provider
- ☐ Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES	
1.
2.

.....
SIGNATURE(S) OF BIDDERS(S)
DATE:
ADDRESS.....
.....
.....



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

GENERAL QUOTATIONS

EVALUATION CRITERIA FOR QUOTATIONS ABOVE R30 000

ZNQ: ZUL - 61/21/22

DESCRIPTION: Print pre and post operation information vmmc, print and bind adverse event classification and mmc clinical files .

All offers received shall be evaluated on the following:

1. Specifications:

Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document shall be considered.

Offers better than specification are considered to be compliant with the specification.

2. Correctness of information and other imperative areas to be considered:

- a) All information required in the bid document must be accurate and duly completed including all the appropriate signatures.
- b) None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.
- c) The institution is under no obligation to accept the lowest or any quotation.
- d) The price quoted must include VAT and remain firm for the contract period.
- e) The bidder must ensure the correctness and validity of quote.
- f) Registration on Central Suppliers Database.
- g) Previous service rendered (Quality, Duration and record of offers declined)
- h) Database of tender defaulters
- i) Late quotations will not be considered.
- j) All pages of the tender document must be initialed or signed.

3. Compulsory administrative compliance requirements that must be submitted with the bid

- a) The bidder must submit certified copy of a registration certificate with CIPC.
- b) Valid Original Tax Clearance.
- c) Certified Copy of the B-BBEE Certificate.
- d) Central Suppliers Database number.

Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months. Failure to comply with this requirement shall invalidate the bid submitted.

4. Preferential Point System:

The 80/20 Preference Point System will be applicable to this bid and the points will be allocated as follows:

PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTION	20
Total points for Price and B-BBEE	100

6. Contract duration or Delivery period

The required goods and services are anticipated to be delivered within a period of **30 days** unless unforeseen circumstances may arise and reported timeously.

It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

Note: For purposes of comparison and in order to ensure a meaningful evaluation, bidders must submit detailed information in substantiation of compliance to the evaluation criteria mentioned. Should the space provided not be adequate, bidders are kindly requested to add extra page



UKUSOKA MAHHALA EMTHOLAMPILO

ZIYINI IZINZUZO ZOKUSOKA KWABANTU BESILISA?

- Mancane amathuba okutheleleka ngeGciwane leSandulela Ngculazi
- Mancane amathuba okuthola nezinye izifo ezithelelana ngocansi
- Mancane amathuba okuthola umdlavuza wepipi
- Mancane amathuba kuphathina wakho wesifazane okuthola umdlavuza wesibe letho
- Ziningi nezinye izinzuzo zezempilo ezitholakalayo

UKUZE UBHUKHELE UKUSOKA MAHHALA NOMA
UKUTHOLA ULWAZI OLWENGEZIWE, THUMELA
UWHATSAPP KU-064 877 9051

KUMAHHALA!

soka
CIRCUMCISE AND CONDOMISE



UKUSOKA MAHHALA EMTHOLAMPILO

KWENZIWA KANJANI?

- Ijwabu lisikwa ngokuphelele ngodokotela kanye nonesi abaqeqeshiwe
- Uzophinde unikwe amaphilisi ezinhlungu azokusiza ngesikhathi sokululama
- Yonke lenqubo yokusoka ithatha imizuzu eyi-15 kuya kwengu-20
- Lenqubo yokusoka iphephile. Izigidi zamadoda asesokile anelisekile ngokusokwa kwawo. Uzokwazi ukuthola olunye usizo lwezempilo ngaphandle kokusoka.

ULWAZI OLUBALULEKILE OKUFANELE ULWAZI

- Kufanele ulandele imithetho oyitshelwayo emuva kokusikwa, ngezindlela zokunakekela isilonda
- Kufanele ubuyele emtholampilo uyohlolwa emva kokusikwa emuva:
 - ▶ Kwamahora angu-48
 - ▶ Kwezinsuku eziyi-7
 - ▶ Kwezinsuku eziyi-21
- **Ungazibandakanyi** ocansini kuze kuphele isikhathi esingamasonto ayisithupha emuva kokusoka
- Ukusoka akukuvikeli ekutholeni iGciwane leSandulela Ngculazi - kunciphisa amathuba, kodwa akukuvikeli ngokuphelele
- **Ukuze uzivikele ngokuphelele, kufanele usebenzise ijazi lomkhwenyana uma wenza ucansi**



IZIQONDISO ZOKUNAKEKELA ISILONDA EMVA KOKUSOKA WHATSAPP NUMBER: 064 877 9051



HYC
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INHLANZEKO

- Gciza izandla zakho njalo ngaphambi, nangemva kokuthinta isilonda
- Oqoka izingubo zangaphandle ezihlanzekile zomke izinsuku

UKUSUSWA KWEBHANDISHI

- Qaca ibhandishi ngozuku lweakhathu emva kokusokwa
- Qala ngokulithambisa ngemanzini antukuntuku ukuze ikhale kalula
- Qikeleka ukuthi amanzi okuthoba apholile ukuze ungashil
- Cwilisa induku (jipji) emanzini ngenxa kokusuka ibhandishi - imizuzu engaba yishumi
- Sula isilonda ngothawula elihlanzekile

UKUNAKEKELEWA KWESILONDA OKUVAMILE

- Vakeshela umtholampilo oseduze nakini esikhathini esingaba amahora angu 48, (48 hours) ezinsukwini ezingu 7 (7 days) nasemasontweni amathathu (21 days) kuze kufakwe isilonda
- Uma kuneziphawu zokopha nokuvuvukala thintana nomtholampilo ngokushesha
- Ungahlanganyeli uqenel noma ushaye indwaba kuze kuphele isikhathi esingamasonto ayisithupha (6 weeks)
- Qwama imidlalo enyakazisa umzimba kakhulu noma ukuzivocavoca ngokwealibonele ibhola lezinyawo (foot ball/ soccer)
- Uma unezikhungu phuza amaphilisi ezikhungu
- Khumbula ukukhanya isilonda sekho kabili kuze kakhathu ngozulu ngemanzini antukuntuku

QAPHELA

- Izitishi zizinqolobanele zona kusokela ezinsukwini ezinyalikhombisa (7 days)
- Ukusoka akukuvikeli ngokuphelele (100%) ekutholeni igcware lesandulela ngokazi - kumelwe kusotshenziswe (jazi) lomkhwenyana (male condom) noma (jazi) lebesifazane (female condom) njalo uma kwenzwa uqenel
- Ungagazi noma ugqoba isilonda ngemithi eyenziwe ekhaya noma yesizulu eg, umanyazini noma ikhembi
- Ungagazi isilonda ngemithi elandelayo: Savlon, Dettol, gentian violet, merurochrom
- Ungabenzeli imithi yokuphuza noma yokugaza ongayinkwanga omtholampilo
- Thintana nomtholampilo oseduze noma ufonole inhambisi ka JHPIEGO (hotline) uma uba nankqo.

UNDAZI OCANSINI KUZE KUPHELE AMASONTO AVISITHUPHA



EMERGENCY CONTACT:

Phone : 066 01234 15
- 0358 791544

NATIONAL DEPARTMENT OF HEALTH



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

MEDICAL MALE CIRCUMCISION (MMC) FACILITY ADVERSE EVENTS (AE) REGISTER

PROVINCE:

FACILITY NAME:

FACILITY UNIQUE IDENTIFIER:

START DATE:

END DATE:



**Health
REPUBLIC OF SOUTH AFRICA**

PARTNER: _____
SITE NAME: _____
DISTRICT: _____
MONTH: _____
YEAR: _____

ADVERSE EVENT (AE) REGISTER

[illegible]



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

MMC CLIENT INTAKE FORM

Client File Number: _____

A. FACILITY AND CLIENT INFORMATION

Page 1

A1. VMMC SETTING – To be completed by data clerk

Province		District	
		Sub-district	
Facility Name		Facility Type	<input type="checkbox"/> Static <input type="checkbox"/> Mobile <input type="checkbox"/> Outreach <input type="checkbox"/> Other, specify: _____
Date of Visit	DD/MM/YYYY	Name of Data Clerk	Data Clerk signature: _____

A2. CLIENT INFORMATION – To be completed by data clerk

First Name(s)		Surname		Age (Years)	
ID Number				Date of Birth	DD/MM/YYYY
Mobile Telephone Number		Physical Address		Employment Status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Relationship Status	<input type="checkbox"/> Married, 1 Spouse <input type="checkbox"/> Married, Polygamous <input type="checkbox"/> Single, No Regular Partner <input type="checkbox"/> Single, Regular Partner <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed, Other, specify: _____				
Can next of kin be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names of next of kin		Telephone of next of kin	

A3. HIV TESTING INFORMATION – To be completed by nurse/counselor

Have you ever tested for HIV?	<input type="checkbox"/> Yes	If yes, when was the most recent HIV test?	<input type="checkbox"/> ≤1 month <input type="checkbox"/> ≤3 months <input type="checkbox"/> ≤6 months <input type="checkbox"/> ≤1 year <input type="checkbox"/> >1 year			
	<input type="checkbox"/> No	If yes, what was the most recent test result?	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Never collected result			
		If HIV positive, have you attended an HIV care facility for care and treatment in the past 3 months?	<input type="checkbox"/> Yes, name of facility: _____ <input type="checkbox"/> No, referred to facility: _____ Name of staff referring to ART: _____	On ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

A4. HIV TESTING SERVICES (HTS) – To be completed by nurse/counselor

Declined testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Result 1:	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant <input type="checkbox"/> ELISA test	Results given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Result 2:	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant		
Final Result	<input type="checkbox"/> Negative (Neg) <input type="checkbox"/> Positive (Pos)	Risk Reduction	<input type="checkbox"/> Condom usage <input type="checkbox"/> Partner reduction <input type="checkbox"/> Follow-up counseling (negative and high-risk factors)				

A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING – To be completed by nurse/counselor

Have you ever been tested for STIs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had genital sores or ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have burning when passing urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always use condoms when having sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had discharge from your penis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many sexual partners have you had in the last 6 months?	

A6. TUBERCULOSIS (TB) SCREENING – To be completed by nurse/counselor

Have you had a cough for ≥2 weeks OR any duration if HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a persistent fever for more than 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had unexplained weight loss >1,5kg per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have night sweats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had contact with a person with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been previously diagnosed with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Yes to any of these questions may indicate possible active TB. If client screens positive for possible TB infection, refer them to TB clinic for further evaluation. Patient may continue to receive MMC.				If you have been diagnosed with TB, have you completed your TB treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A7. REFERRALS – To be completed by nurse/counselor

Referred for:	<input type="checkbox"/> ART/wellness <input type="checkbox"/> STI treatment <input type="checkbox"/> TB evaluation <input type="checkbox"/> General health facility Other, specify: _____
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B. SOCIO-MEDICAL HISTORY

B1. REFERRAL MECHANISMS – To be completed by nurse/counselor

How did you learn of VMAC? ☐ Friends/Family ☐ Partner/Spouse ☐ Other Client ☐ Health Worker ☐ Community Mobilizer ☐ Community Event ☐ Church Event ☐ Branded Taxis ☐ Billboard ☐ TV/Radio ☐ Social Media (e.g. Facebook) ☐ Poster/Newspaper/leaflet ☐ Phone/SMS ☐ Other, specify: _____

B2. REASONS FOR CIRCUMCISION – To be completed by nurse/counselor

What are your primary reasons for VMAC? ☐ Partial HIV Protection ☐ STI Protection ☐ Hygiene ☐ Medical ☐ Social/Religious ☐ Appearance ☐ Sexual Pleasure ☐ I was ready today ☐ I just decided to come ☐ Other, specify: _____

B3. PAST MEDICAL HISTORY – To be completed by nurse

Do you have any of the following conditions? ☐ Anemia ☐ Yes ☐ No ☐ If yes, are you currently receiving treatment? ☐ Yes ☐ No ☐ Hemophilia/bleeding disorders in yourself or family ☐ Yes ☐ No ☐ If yes, are you currently receiving treatment? ☐ Yes ☐ No ☐ Noaa bleeds that last long time? ☐ Yes ☐ No ☐ If yes, are you currently receiving treatment? ☐ Yes ☐ No ☐ Diabetes ☐ Yes ☐ No ☐ If yes, are you currently receiving treatment? ☐ Yes ☐ No

B4. COMPLAINTS – To be completed by nurse

Do you have any of the following complaints? ☐ Urthral discharge ☐ Yes ☐ No ☐ Difficulty retracting foreskin ☐ Yes ☐ No ☐ Genital sore/ulcers/warts ☐ Yes ☐ No ☐ Swelling/redness of foreskin/penis ☐ Yes ☐ No ☐ Swelling of the scrotum ☐ Yes ☐ No ☐ Discharge or thick liquid under foreskin ☐ Yes ☐ No ☐ Frequent urination ☐ Yes ☐ No ☐ Pain on erection ☐ Yes ☐ No ☐ Difficulty passing urine ☐ Yes ☐ No ☐ Concerns about erection/sexual function ☐ Yes ☐ No ☐ Pain on urination ☐ Yes ☐ No ☐ Other, specify: _____

B5. PREVIOUS SURGERY – To be completed by nurse

Have you ever had a dental or surgical operation? ☐ Yes ☐ No ☐ Nurse: _____ Name: _____ Signature: _____ If yes, specify nature, date, and any complications: _____

B6. CURRENT MEDICATIONS AND ALLERGIES – To be completed by nurse

Taking Any Medications? ☐ Yes ☐ No ☐ Allergies to Medications? ☐ Yes ☐ No ☐ Specify: _____ Provide details (e.g. Iodine -> rash): _____

C. PHYSICAL EXAMINATION AND TRIAGE

C1. PHYSICAL EXAMINATION – To be completed by nurse

Phymosis ☐ Yes ☐ No ☐ Paraphimosis ☐ Yes ☐ No ☐ Epispadias ☐ Yes ☐ No ☐ Hypospadias ☐ Yes ☐ No ☐ Genital Ulcers/Warts ☐ Yes ☐ No ☐ Balanitis ☐ Yes ☐ No ☐ Torsion ☐ Yes ☐ No ☐ Adhesions ☐ Yes ☐ No ☐ Unthral discharge ☐ Yes ☐ No ☐ Other, specify: _____

C2. WELLNESS ASSESSMENT – To be completed by nurse

Weight ☐ kg ☐ Blood pressure ☐ Pulse ☐ Temperature ☐ °C ☐ Tetanus (TT/CV) given? ☐ Yes ☐ No ☐ Pain ☐ Yes ☐ No ☐ Lymphadenopathy ☐ Yes ☐ No ☐ Wasting ☐ Yes ☐ No ☐ Haemoglobin ☐ Yes ☐ No ☐ Date of 1st dose ☐ DD/MM/YYYY ☐ Date of 2nd dose ☐ DD/MM/YYYY

C4. VMAC ELIGIBILITY – To be completed by nurse

Is client eligible for VMAC? ☐ Yes ☐ No ☐ If no, specify: _____

D. VMAC PROCEDURE

D1. VMAC OPERATION – To be completed by surgeon/clinical associate & nurse

Date of VMAC: DD/MM/YYYY Start Time: HH:MM End Time: HH:MM ☐ Consent for MMC ☐ Yes ☐ No ☐ Anesthetic (give according to weight of client) ☐ Maccaline 0.5% ☐ m ☐ Skin Prep ☐ Povidone Iodine ☐ Lignocaine 1% ☐ m ☐ Other, specify: _____ ☐ Lignocaine 2% ☐ m ☐ Anesthesia ☐ EMLA cream ☐ m ☐ DPNB ☐ DPNB + Ring Block ☐ Forcips Guided ☐ Suture ☐ Plain Gut ☐ Vioxy/Rapylide ☐ Dorsal Silt (all clients <15 years) ☐ Sleeve Resection ☐ Chronic ☐ Device Surgical aid, specify (type/size): _____

D2. POST-SURGERY OBSERVATION (IMMEDIATELY AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse

BP: / Temp: °C Pulse: / Respiration rate: / ☐ Diathermy Used? ☐ Yes ☐ No ☐ Diathermy Setting: 18-25 26-30 ☐ Respiration rate: _____

D3. POST-SURGERY OBSERVATION (15 MINUTES AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse

BP: / Temp: °C Pulse: / Respiration rate: / ☐ Anesthetic Reaction (AR) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Insufficient Skin Removal (IS) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Bleeding (BL) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Occupational Exposure (OT) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Damage to Penis (DP) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Pain (PA) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Excess Skin Removal (ES) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Other, Specify: _____

CLINICAL NOTES

E. POST-OPERATIVE REVIEW VISITS – To be completed by surgeon/clinical associate & nurse

E1. 48 Hours Post-Operative/First Visit

Date of Visit: DD/MM/YYYY Reviewed By: _____ Date of Visit: DD/MM/YYYY Reviewed By: _____ AE Present? ☐ Yes ☐ No ☐ Notes: _____ AE Present? ☐ Yes ☐ No ☐ Notes: _____

E2. 7 Days Post-Operative/Second Visit

AE Code: _____ Severity Code: _____ AE Code: _____ Severity Code: _____ Diagnosis Date at this Severity: DD/MM/YYYY Diagnosis Date at this Severity: DD/MM/YYYY Signature: _____ Signature: _____

Post-Operative AEs? Yes ☐ No ☐ If "Yes" – Mark all AE codes that apply below:

☐ Bleeding (BL) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Insufficient Skin Removal (IS) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Damage to Penis (DP) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Pain (PA) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Excess Skin Removal (ES) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Wound Disruption (WD) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Infection (IN) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Other, Specify: _____

E3. LOST TO FOLLOW-UP – To be completed by surgeon/clinical associate & nurse

Lost to Follow-Up? ☐ Yes ☐ No ☐ Attempted to Call? ☐ Yes ☐ No ☐ Follow-Up at Another Site ☐ Yes ☐ No ☐ Specify: _____



F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS)				Page 4																				
Client First Name(s)		Surname																						
<ul style="list-style-type: none"> I, the above-mentioned, hereby declare that I was informed and freely offered HIV Testing Services. I understand that HIV test results are kept confidential and that only healthcare providers and the individual tested have access to the test results. I give consent that my information will be shared with authorised healthcare providers in the best interest of my health and with the Department of Health for monitoring and evaluation purposes. Be contacted telephonically on my mobile number supplied for follow-up. <p>Please check the relevant box below:</p> <p><input type="checkbox"/> I consent to be tested for HIV, to have my HIV status shared with me and my healthcare providers; and to be contacted for follow up</p> <p><input type="checkbox"/> I choose to decline HIV testing</p>																								
Signature of Client		Date of consent	DD/MM/YYYY																					
F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)																								
First Name(s) of Parent/Guardian		Surname of Parent/Guardian																						
Date of consent	DD/MM/YYYY	Identity Number of Parent/Guardian	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
G1. INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MMC)																								
First Name(s)		Surname																						
<ul style="list-style-type: none"> I, the above-mentioned, hereby declare that I was informed and voluntarily accepts to undergo medical male circumcision. I understand that VMMC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me. I was informed that I might be contacted telephonically on my mobile number supplied for follow-up. Please check the relevant box below: <p><input type="checkbox"/> I consent for medical male circumcision</p> <p><input type="checkbox"/> I choose to decline medical male circumcision</p>																								
Signature of Client		Date of consent	DD/MM/YYYY																					
G2. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)																								
First Name(s) of Parent/Guardian		Surname of Parent/Guardian																						
Date of consent	DD/MM/YYYY	Parent/Guardian Identity Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
G3. COUNSELOR PROVIDING CLIENT WITH HTS AND VMMC INFORMATION																								
First Name(s) of Counselor		Surname of Counselor																						
<p>I am the counselor who has provided the abovementioned client and/or his parent/legal guardian with information related to HTS and VMMC. I have given the client and/or his parent/ legal guardian an opportunity to ask me questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counseling and testing, and voluntary medical male circumcision procedure.</p>																								
Signature of Counselor		Date	DD/MM/YYYY																					