

We are pleased to announce that the RMI will be presenting an on-line seminar entitled -

DISMISSALS FOR MISCONDUCT AND FOR ILL HEALTH

- When: 10 November 2021
- Time: 09h00 – 11h00
- Cost: See registration form below
- Platform: Microsoft Teams
- Presenter: Brent Barichiev

Some of the topics of discussion will be:-

- **Misconduct:**
 - The importance of disciplinary records.
 - Requirements for a proper notice of a disciplinary hearing.
 - Company rules vs disciplinary codes.
 - What factors do arbitrators look for in deciding whether a dismissal for misconduct was fair?
- **Incapacity: Ill health:**
 - What are the requirements for a termination of employment due to ill health?
 - What is the role of a medical practitioner in an incapacity hearing?
- **Covid-19 related discipline: misconduct or incapacity?** What the courts are saying.
- **Guide:** how to properly present your employer's case at an internal hearing: evidence, witnesses, onus of proof, the importance of supporting factors, obtaining the desired outcome.

- ✓ You are invited to secure your attendance by **completing the registration form below**.
- ✓ The **training material** will be distributed to the delegates electronically.
- ✓ A **certificate** of attendance will be provided to each delegate.

Banking details:

Standard Bank Randburg Branch Code: 018005 Account No. : 021670013

Reference for RMI Members:-

IR SEMINAR + BB + RMI Member Number

Reference for Non-RMI Members:-

IR SEMINAR + BB+ Organisation's Name

IR SEMINAR REGISTRATION FORM

PLEASE USE A SEPARATE FORM FOR EACH DELEGATE

SEMINAR	DATE	REGISTRATION FEE (VAT incl)
Dismissals for Misconduct and for Ill Health	Wednesday 10 November 2021 (9am-11am)	RMI Delegate: R 575 For every additional RMI Delegate, utilizing the same RMI Member Number: R285 Non-RMI Delegate (Not an RMI Member): R1 150

NAME OF DELEGATE	
JOB TITLE OF DELEGATE	
ID NUMBER OF DELEGATE	
FOR B-BBEE TRAINING RETURNS, KINDLY INDICATE WITH AN "X":	Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Abled <input type="checkbox"/> Disabled <input type="checkbox"/>
NAME OF COMPANY/BUSINESS	
RMI MEMBERSHIP NUMBER	
PROVINCE	
TEL NO:	CEL NO:
EMAIL ADDRESS	
NAME OF CONTACT PERSON	
SIGNATURE	

KINDLY RETURN THIS FORM TOGETHER WITH PROOF OF PAYMENT OF THE REGISTRATION FEE BEFORE THE CLOSING DATE OF 09 NOVEMBER 2021

TO: brent.barichievy@rmi.org.za

