



South African Pharmacy Council

Form is valid for
2023 only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

APPLICATION FOR CESSION OF CONTRACT OF INTERNSHIP/ PHARMACIST PHARMACEUTICAL COMMUNITY SERVICE IN TERMS OF THE PHARMACY ACT OF 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council	Office Use Only				
SECTION A: CURRENT EMPLOYER (HEREAFTER KNOWN AS "THE CEDENT")					
Current tutor - pharmacist registration no: <input type="text"/>	Pharmacist acc no: (if available) P <input type="text"/>				
Current tutor - surname/last name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Title <input type="text"/> Initials (first names) <input type="text"/>	Tutor approved to:				
First names in full <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Cell number: <input type="text"/>	Documentation/fees received				
Name of pharmacy/institution <input type="text"/>	Cession documentation				
Pharmacy registration no: Y <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Pharmacy tel no. <input type="text"/>	Cession Fee				
Branch of pharmacy <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Institutional (hospital)</td> <td style="width:25%; text-align: center;">Community</td> <td style="width:25%; text-align: center;">Manufacturing</td> <td style="width:25%; text-align: center;">Academic</td> </tr> </table>	Institutional (hospital)	Community	Manufacturing	Academic	<input type="text"/> / <input type="text"/> / <input type="text"/>
Institutional (hospital)	Community	Manufacturing	Academic		
Pharmacy registered postal address (refer note A) <input type="text"/>	End of contract with current tutor:				
Postal code <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
SECTION B: PROSPECTIVE TUTOR (HEREAFTER KNOWN AS "THE CESSIONARY")					
Prospective tutor - pharmacist registration no: <input type="text"/>	Pharmacist acc no: (if available) P <input type="text"/>				
Prospective tutor - surname/last name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Title <input type="text"/> Initials (first names) <input type="text"/>	Internship extended by:				
First names in full <input type="text"/>	<input type="text"/>				
Cell number <input type="text"/>	Reasons				
Prospective tutor - registered postal address (refer note A) <input type="text"/>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
Postal code <input type="text"/>	Cession approved: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of pharmacy/institution <input type="text"/>	Signature				
Pharmacy registration no: Y <input type="text"/>	<input type="text"/>				
Branch of pharmacy <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Institutional (hospital)</td> <td style="width:25%; text-align: center;">Community</td> <td style="width:25%; text-align: center;">Manufacturing</td> <td style="width:25%; text-align: center;">Academic</td> </tr> </table>	Institutional (hospital)	Community	Manufacturing	Academic	Date
Institutional (hospital)	Community	Manufacturing	Academic		
Pharmacy registered postal address (refer note A) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Postal code <input type="text"/>					
Envisaged date of commencement <input type="text"/>					
SECTION C: APPLICANT (HEREAFTER KNOWN AS "THE PHARMACIST INTERN")					
Intern registration no: <input type="text"/>	Intern acc no: (if available) P <input type="text"/>				
Surname/last name <input type="text"/>					
Title <input type="text"/> Initials (first names) <input type="text"/>					
First names in full <input type="text"/>					
Cell number <input type="text"/>					
Note A: A change of address must be submitted to the registrar within 30 days of such change.					

Signature _____

Date _____

Continued ... /2



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SESSION OF CONTRACT OF INTERNSHIP . . . (CONTINUED)

SECTION D: CONTRACT OF CESSION OF INTERNSHIP ENTERED INTO BY AND BETWEEN THE ABOVE CEDENT, CESSIONARY AND PHARMACIST INTERN

In terms of the original contract for internship of the pharmacist intern concluded between the Cedent and the Pharmacist Intern dated the _____ day of _____ in the year _____, the Cedent supervised the internship of the Pharmacist Intern; and

WHEREAS the Cedent and the Cessionary have agreed that the Cedent will cede all his/her rights, obligations and interests, to the Cessionary in accordance with above-mentioned contract subject to amendments mentioned below; and

WHEREAS the Cessionary takes cession of the Cedent's rights, obligations and interests in accordance to above-mentioned contract. The parties agree as follows:

1. **Cession:** The Cedent cedes all his/her rights, obligations and interests in accordance with the contract, of which a copy is enclosed herewith, to the Cessionary subject to amendments mentioned below.
2. **Acceptance:** The Cessionary accepts the cession mentioned in 1, subject to obligations applicable to the Cedent and in accordance with above-mentioned contract and subject to amendments mentioned below.
3. **Consent:** The Pharmacist Intern accepts and confirms the cession of the above-mentioned contract.
4. **Effective date:** Notwithstanding the date of countersigning of this cession, it be taken that the cession will become effective on the ____ day of _____ in the year _____, and will continue until the ____ day of _____ in the year _____.
5. **Amendments to Contract**
 - a) _____
 - b) _____
 - c) _____

Signed by the Cedent at _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____ (Cedent)
D	D										
M	M										
Y	Y										
Y	Y										
Signed by the Cessionary at _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____ (Cessionary)
D	D										
M	M										
Y	Y										
Y	Y										
Permission herewith granted by the pharmacist intern at _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____ (Pharmacist intern)
D	D										
M	M										
Y	Y										
Y	Y										
Witnessed by: Name _____			_____ (Witness)								
Name _____			_____ (Witness)								

SECTION E: DECLARATION BY THE CEDENT (CURRENT TUTOR) Office Use Only

I, the above tutor (refer Section A), declare that:

- a) I have acted as the responsible tutor for the above pharmacist intern during a period of internship in terms of the Pharmacy Act, 1974, at the pharmacy specified in Section A;
- b) the period of practical training undergone under my supervision by the above pharmacist intern commenced on the ____ day of _____ in the year _____, and will terminate on the ____ day of _____ in the year _____;
- c) the above period of internship took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council, by virtue of a contract approved by the Council; and
- d) the information furnished herewith is true and correct.

Cedent's (current tutor's) Signature: _____ Date:

D	D
M	M
Y	Y
Y	Y



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SESSION OF CONTRACT OF INTERNSHIP . . . (CONTINUED)

SECTION F: SUPPORTING DOCUMENTATION AND APPLICABLE FEES		Office Use Only
<p>I, the above applicant (pharmacist intern), submit the following in support of my application:</p> <p>a) a delegation form (if actual practical training is delegated to a pharmacist other than the prospective tutor specified in Section B)</p> <p>b) cession fee – pharmacist intern: R1, 543.00 (VAT incl.) (refer note B)</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/>	<p>Note B: Fees are subject to change without further notification.</p>
SECTION G: DECLARATION BY APPLICANT (PHARMACIST INTERN)		
<p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section F above; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date</p>		
<p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>		

Please Note:

This application is valid for **60 days from date of receipt by the Office of the Registrar**. Should you fail to submit all the required supporting **documentation** and fees/proof of payment of fees within 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited

Cash, postal orders and cheques will not be accepted with any application form.

South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All fraud and corruption cases detected or reported will be investigated and perpetrators will be prosecuted accordingly

Signature _____

Date _____