

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

Page 1 of 2

## APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT POST-BASIC IN TERMS OF THE PHARMACY ACT, 53 OF 1974

## (INTERNS WHO HAVE COMPLETED 365 DAYS BUT NOT YET COMPETENT IN THE PRE-REGISTRATION EVALUATION)

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council											PLEASE NOTE:							
SECTION A: APPLICANT'S PERSONAL PARTICULARS														<b><u>Note A:</u></b> You are requested to furnish gender and race to enable Council to measure				
P number	Ρ																	transformation in the profession.
Surname/last name																		<u>Note B:</u> The postal address furnished herewith shall be deemed to be the applicant's registered address. All correspondence and
Title			Ir	nitials	s (firs	t na	me	s)										certificates will be posted to this address.
First names in full																		<u>Note C:</u> A change of address must be submitted to the registrar within 30 days of such change.
Identity number	Ш			7-			- [		] - [	1	<u> </u>				1	1 1		
Date of birth	DD	/ M	M/	ΥY	Y Y N	(												
Gender and race (refer note A)	Mal	e	Fem	ale	Rac	e	Asi	ian	E	Black		Colo	oure	d	W	hite		
Postal address (refer notes B and C)				$\overline{\Pi}$													Ī	
			Ħ						F	Post	al	cod	e					
Physical address (refer note C)				$\frac{1}{1}$							. <u></u> .			T	Ī			
			+															
									5	Stre	et (	cod	е					
Cell number																	7	
Courier address			+														-	
Courier address			+														-	
												Co	ode	;				
Work telephone number (If applicable)	(			)			-[							L		1 1		
Fax number <b>(If applicable)</b>	(			)			-											
E-mail address																		
SECTION B: REASON FOR APPLICATION																		
Internship contract terminated and not	vet si	ICCE	ssful	in th	ne pre	e-rec	tair	ratio	on e	exar	nin	atio	n	T				
·																	_	<u>Note D:</u> This approval is subject to the following: 1) the intern must have completed
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES										-				the period of at least 365 days practical internship under an approved tutor in an				
I, the above applicant, submit the fo	llowir	ng in	sup	port	of my	/ apj	plic	atio	n:					Ņ		lark n a		approved pharmacy premises 2) the intern's tutor must have submitted all the required progress reports 3) the intern must have
<ul> <li>a) documentary evidence that n tutor and/or employer and then</li> </ul>										nina	teo	d by	/ m	ηγ				submitted six CPD entries and been successful in all six CPD entries 4) the intern must be unsuccessful in the pre-registration examination.
<li>b) documentary evidence that I have applied for internship elsewhere and my application was turned down (evidence of application and response from two or more pharmacies);</li>															Noto El Fong ero subject to observe with sub-			
c) Annual fee: <b>R653.00</b> (VAT incl	.) pay	able	e witł	n app	olicat	ion <b>(</b>	ref	er r	ote	E)								Note E: Fees are subject to change without further notification.



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

Faye Z UI Z
-------------

SECTION D: DECLARATION BY APPLICANT	
I, the above applicant, declare that:	
<ul> <li>(a) I herewith include all the applicable documentation/fees mentioned in Section C above;</li> <li>(b) I will comply with the requirements for practicing as a pharmacist's assistant (post-basic);</li> <li>(c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and</li> <li>(d) the information furnished herewith is true and correct.</li> </ul>	
Applicant's         Signature:    Application Date:          D       /	
SECTION E: DECLARATION BY COMMISSIONER OF OATHS	
The abovementioned declarations were SIGNED and SWORN TO before me at	
	STAMP (Compulsory)
(place)	
on thisday ofin the year, the deponents (applicant)	
having acknowledged that they know and understand the contents of this declaration.	
SIGNATURE OF COMMISSIONER OF OATHS	(Full names, capacity, address and contact details of Commissioner of Oaths)
	·

SAPC Electronic Payment Details (If not yet	captur	ed on	Coun	cil's fi	nancia	al syst	tem)								
Name of Beneficiary	South African Pharmacy Council														
Name of Bank	Standard Bank of South Africa														
Account type	Cheque account														
Branch Code	0	1	0	1	4	5									
Beneficiary Account number	0	1	1	8	8	5	8	6	6						
Beneficiary Reference	Your account number ** with SAPC and surname & initials.														

## PLEASE NOTE:

2. 3. 4.

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. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above) 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. 1.