

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: <a href="mailto:customercare@sapc.za.org">customercare@sapc.za.org</a>; Website: <a href="www.sapc.za.org">www.sapc.za.org</a>

Page 1 of 2

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

Please use black Return to: The Re	PLEASE NOTE:					
SECTION A: APPLICANT'S PERSO		Note A: You are requested to furnish				
P number	P	gender and race to enable Council to measure 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	Initials (first names)	certificates will be posted to this address.				
First names in full		Note C: A change of address must be submitted to the registrar within 30 days of such change.				
Identity number		Note D: A certified copy is a photocopy of the original document, which has been				
Date of birth	DD/MM/YYYY	certified by a Commissioner of Oaths declaring that it is a true copy of the original				
Gender and race (refer note A)	Male Female Race Asian Black Coloured White	document.  Note E: Should the name on the application				
Postal address (refer notes B and C)		form (Section A) differ from the documentary proof of identification (i.e. the name on the				
		identity document/passport), the applicant must submit a certified copy of the relevant				
	Postal code	marriage certificate or documentary evidence and an affidavit regarding the change of name.				
Physical address (refer note C)						
	Street code					
	Sheet code					
Cell number						
Courier address						
	Code					
Work telephone number	(	Note F: This approval is subject to the following: 1) the intern must have completed				
Fax number	(	the period of 365 days practical internship under an approved tutor in an approved				
E-mail address		pharmacy premises 2) the tutor must have submitted all progress reports 3) the intern must have submitted all required CPD entries				
SECTION B: REASON FOR REGIST	RATION	and been successful in at least six CPD entries 4) the intern's previous employer must have terminated their internship contract.				
		Note G: Fees are subject to change without				
I wo (2) year cooling off period prior	to attempt at the pre-registration examination	further notification.				
	ENTATION AND APPLICABLE FEES  Mark					
I, the above applicant, submit the fo	ollowing in support of my application:  with a ✓					
a) a <u>certified</u> copy of my identity	document or passport (refer notes D and E)					
	e applicant has attempted the pre-registration and is unsuccessful (refer note F)					
c) documentary evidence that the internship contract	e applicant's employer has terminated their					
d) Annual fee: <b>R653.00</b> (VAT inc	l.) payable with application (refer note G)					
SECTION D: DECLARATION BY AF	PPLICANT					





## **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: <a href="mailto:customercare@sapc.za.org">customercare@sapc.za.org</a>; Website: <a href="mailto:www.sapc.za.org">www.sapc.za.org</a>

Page 2 of 2

C above; amended; and
MM/YYYY
STAMP (Compulsory)
ant)
ion.
(Full names, capacity, address and contact details of Commissioner of Oaths)

SAPC Electronic Payment Details (If not yet captured on Council's financial system)															
Name of Beneficiary	Sou	South African Pharmacy Council													
Name of Bank	Star	Standard Bank of South Africa													
Account type	Che	Cheque account													
Branch Code	0	1	0	1	4	5									
Beneficiary Account number	0	1	1	8	8	5	8	6	6						
Beneficiary Reference	You	Your account number ** with SAPC and surname & initials.													

## 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 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.
- 2. **3. 4.**