



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

RECOGNITION OF PRIOR LEARNING: APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANT (LEARNER BASIC) OR PHARMACIST'S ASSISTANT (LEARNER POST-BASIC) FOR RECOGNITION OF PRIOR LEARNING PURPOSES IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in **BLOCK CAPITALS**.
Return to: The Registrar, South African Pharmacy Council, to the postal address above

SECTION A: APPLICANT'S PERSONAL PARTICULARS

Council Registration number	<input type="text"/>	Council account number?	<input type="text"/>
Application for registration as:	Pharmacist's Assistant (Learner Basic) P20	Pharmacist's Assistant (Learner Post-Basic) P22	
Surname/last name	<input type="text"/>		
Title	<input type="text"/>	Initials (first names)	<input type="text"/>
First names in full	<input type="text"/>		
Identity number	<input type="text"/>		
Date of birth	DD / MM / YYYY		
Gender and race (refer note A)	Male	Female	Race: Asian Black Coloured White
Postal address (Refer notes B and C)	<input type="text"/>		
Physical address (Refer note C)	<input type="text"/>		
Cell number	<input type="text"/>		
Courier address	<input type="text"/>		
Home number	<input type="text"/>		code <input type="text"/>
Work telephone number	(<input type="text"/>) <input type="text"/> - <input type="text"/>		
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>		
E-mail address	<input type="text"/>		

Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.

Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address all correspondence and certificates will be posted to this address

Note C: A change of address must be submitted to the registrar within 30 days of such change.

SECTION B: TRAINING PARTICULARS OF PHARMACY AND RESPONSIBLE PHARMACIST

Name of pharmacy/institution where assessment will take place /evidence will be collected(Refer note D)	<input type="text"/>		
Pharmacy registration no:	Y <input type="text"/>		
Sector of pharmacy	Private Sector	Public Sector	
Branch of pharmacy	Institutional (hospital)	Community	Manufacturing Wholesale
Responsible Pharmacist (RP)(Refer note D)	<input type="text"/>		Pharmacist's account no: (if available) <input type="text"/>
RP surname/last name	<input type="text"/>		
RP title	<input type="text"/>	RP initials	<input type="text"/>

Note D: Council must approve the pharmacy and tutor for purposes of training before the assistant will be registered with Council.

Signature _____ Date _____



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1. For first-time registration only original applications will be accepted. Please do not fax or e-mail applications if registering for the first time as a learner basic pharmacist's assistant
2. 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
3. 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)
4. Cash, postal orders and cheques will not be accepted with any application form.
5. 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_____