

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: www.sapc.za.org

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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

	ink and complete in BLOCK CAPITALS. African Pharmacy Council, to the postal address above	
SECTION A: APPLICANT'S PERSON	AL PARTICULARS	
Council Registration number	Council account number?	
Application for registration as:	Pharmacist's AssistantPharmacist's Assistant(Learner Basic) P20(Learner Post-Basic) P22	
Surname/last name		
Title	Initials (first names)	
First names in full		
Identity number		
Date of birth	dd/mm/yyyy	
Gender and race (refer note A)	Male Female Race Asian Black Coloured White	
Postal address		Note A: You are requested to furnish
(Refer notes B and C)	Postal code	gender and race particulars to enable Council to measure transformation in the profession.
Physical address		
(Refer note C)		Note B: The postal address furnished herewith shall be deemed to be the
	Street code	applicant's registered address <u>all</u> correspondence and certificates will be posted to this address
Cell number		posted to this address
Courier address		Note C: A change of address must be
		submitted to the registrar within 30 days of such change.
Home number	code	
Work telephone number		
Fax number		
E-mail address		
SECTION B: TRAINING PARTICULA	RS OF PHARMACY AND RESPONSIBLE PHARMACIST	Note D: Council must approve the
Name of pharmacy/institution where assessment will take place /evidence will be collected(Refer note D)		pharmacy and tutor for purposes of training before the assistant will be registered with Council.
Pharmacy registration no:		
Sector of pharmacy	Private Sector Public Sector	
Branch of pharmacy	Institutional Community Manufacturing Wholesale	
Responsible Pharmacist (RP) (Refer note D)	Pharmacist's account no: (if available)	
RP surname/last name		
RP title	RP initials	
Signature	Date	

		valid for only
	South African Pharmacy Council 2023 treet, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;	> Only
Pharmacy Council Tel: 0861 7272 00; Fax: 27 (12	12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org	
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RP registered postal address	Note E: This does not serve as change of address of the tutor.	notice of
(Refer note E)		
	Postal code	
RP Signature:	Application Date: DD/MM/YYYY	
SECTION B: CONTINUED		
Provider with whom registered for a certificate of qualification in		
pharmacy e.g. HSA, S BUYS etc		
Provider - Pharmacy Council registration no. (if available)	Applicant - reg no. with provider	
SECTION C: <u>SUPPORTING</u> DOCUMENTATION	N AND APPLICABLE FEES	
I, the above applicant, submit the following in	in support of my application:	
a) Original a <u>certified</u> copy of my identity and G)	y document or passport (Refer notes F	
 b) <u>registration fee</u> – pharmacist's assist assistant (learner post-basic): R2,311.00 (Refer note H) (to submit completion ce 	stant (learner basic) or pharmacist's declaring that it is a true copy of the document.	f Oaths
c) <u>annual fee</u> – pharmacist's assistant (le (learner post-basic): R264.00 (VAT incl.)		nge
SECTION D: DECLARATION BY APPLICANT		
I, the above applicant, declare that:		
a) I herewith include all the applicable docu	cumentation/fees mentioned in Section C above;	
 b) I comply with the requirements for regist pharmacist's assistant (learner post-bas 	stration as a pharmacist's assistant (learner basic) or asic);	
c) I have not been found guilty of any offen	ence under the Pharmacy Act, 1974, as amended; and	
d) The information furnished herewith is tru	rue and correct.	
Applicant's Signature:	Application Date:	
SECTION E: DECLARATION BY COMMISSIO		
The abovementioned was SIGNED and SWOR	PRN TO before me at (<i>place</i>) (Compulsory)	
on thisday ofin the ye	/ear, the deponent (applicant) having	
acknowledged that he/she knows and understa		
SIGNATURE OF COMMISSIONER OF OATHS	HS (Full names, capacity, address contact details of Commissioner of Oaths)	and
SAPC Electronic Payment Details (If not yet	t captured on Council's financial system)	
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 9	
Beneficiary Reference	Your account number ** with SAPC and surname & initials.	
PLEASE NOTE:		

Signature_ _____

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- 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 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. 3. 4. 5.