

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>

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## APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT PHARMACY TECHNICIAN DUE TO THE PRESCRIBED INTERNSHIP COOLING OFF PERIOD 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									PLEASE NOTE:																		
SECTION A: APPLICANT'S PERSONAL PARTICULARS  Note A: You are requested to									Note A: You are requested to furnish																		
P number	Р																						gender and race to enable Council to measure transformation in the profession.				
Surname/last name																							Note B: The postal address furnished herewith shall be deemed to be the				
Title					Init	ials	(fir	st	nar	nes	s)											_	applicant's <b>registered</b> address. All correspondence and certificates will be posted to this address.				
First names in full		4																				_	Note C: A change of address must be submitted to the registrar within 30 days of				
Identity number	H	+				<u> </u>					1	1		<u> </u> 								]	such change.				
Identity number  Date of birth	DI	) /	NΛ	М		- V V	· V	Y		- L			- L										Note D: A certified copy is a photocopy of the original document, which has been				
Gender and race (refer note A)	N	/ale		Fen	l′ L nale	1	l' Rad	ce	Ī	Asia	an		Bla	ack		Colo	oure	ed	٧	Vhite	<del></del>	1	certified by a Commissioner of Oaths declaring that it is a true copy of the original document.				
Postal address (refer notes B and		$\overline{\top}$	<u> </u>			1					1	<u> </u>	1								Ī	]	Note E: Should the name on the application				
C)	H	+				-					+	1								+		_	form (Section A) differ from the documental proof of identification (i.e. the name on the				
		1											Р	osta	al o	coc	le						identity document/passport), the applicant must submit a <u>certified copy of the relevant</u> marriage certificate or documentary evidence				
Physical address (refer note C)		ightharpoonup																					and an affidavit regarding the change of name				
		+				-									L	Ш						_					
		ᆣ											اد -	rec	) I	ou	е	L		<u> </u>		]					
Cell number		$\downarrow$																									
Courier address		+																									
	H	+				1					+									-							
	Ц	<u></u>												_		C	ode	Э									
Work telephone number	(	<u></u>				)				- [																	
Fax number	(	$\downarrow$				)					<u> </u>				1	1 1				-		7	Note F: This approval is subject to the				
E-mail address	Ш																						following: 1) the intern must have completed the period of 365 days practical internship				
SECTION B: REASON FOR REGISTRATION under an approved tutor in an approve pharmacy premises 2) the tutor must have																											
Two (2) year cooling off period prior to attempt at the pre-registration examination											submitted all progress reports 3) the intern must have submitted all required CPD entries and been successful in at least six CPD																
SECTION C: DETAILS OF THE SUP	ER\	/ISI	INC	3 P	НΑ	RM	AC	IS.	Т														entries 4) the intern's previous employer must have terminated their internship contract.				
P number	Р																						Note G: Fees are subject to change without				
Surname/last name																							further notification.				
Title		Ш				In	itial	s (1	firs	t na	am	es	)							_		_					
First names in full		$\vdash$						-	-																		
SECTION C: SUPPORTING DOCUM	IEN	ΓΑΤ	ΓΙΟ	N A	٩NI	) A	PP	LIC	CAI	BLI	E F	E	ES								1						
I, the above applicant, submit the following in support of my application:  Mark with a ✓																											
a) a <u>certified</u> copy of my identity document or passport (refer notes D and E)																											
b) documentary evidence that the applicant has attempted the pre-registration examination seven (7) times and is unsuccessful																											
c) documentary evidence that the applicant's employer has terminated their internship contract (refer note F)																											
d) Annual fee: R737.00 (VAT incl.) payable with application (refer note G)																											





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SECTION D: DECLARATION BY APPLICANT			
I, the above applicant, declare that:			
(a) I herewith include all the applicable docume     (b) I have not been found guilty of any offence (c) the information furnished herewith is true and the information furnished herewith its first function for the information furnished herewith include all the applicable documents in the information furnished herewith include all the applicable documents in the information furnished herewith include all the applicable documents in the information furnished herewith include all the applicable documents in the information furnished herewith include all the information furnished herewith al			
Applicant's Signature:	Application Date:		
SECTION E: DECLARATION BY COMMISSIO	NER OF OATHS		
The abovementioned declarations were SIGNE			
			STAMP (Compulsory)
(place)			
on thisday ofin the yea	ar, the depone	nts (applicant)	
having acknowledged that they know and under	stand the contents of this	s declaration.	
SIGNATURE OF COMMISSIONER OF OATHS	·		(Full names, capacity, address and contact details of Commissioner of Oaths)
SAPC Electronic Payment Details (If not yet of	captured on Council's f	inancial system)	

## PLEASE NOTE:

Name of Beneficiary

Beneficiary Account number

Beneficiary Reference

Name of Bank

Account type

**Branch Code** 

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.

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Your account number \*\* with SAPC and surname & initials.

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**South African Pharmacy Council** 

Standard Bank of South Africa

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Cheque account