



South African Pharmacy Council

Form is valid for 2022 only

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APPLICATION FOR CESSION OF CONTRACT OF INTERNSHIP/ PHARMACIST PHARMACEUTICAL COMMUNITY SERVICE IN TERMS OF THE PHARMACY ACT OF 53 OF 1974

Form with sections: SECTION A: CURRENT EMPLOYER (HEREAFTER KNOWN AS "THE CEDENT"), SECTION B: PROSPECTIVE TUTOR (HEREAFTER KNOWN AS "THE CESSIONARY"), SECTION C: APPLICANT (HEREAFTER KNOWN AS "THE PHARMACIST INTERN"). Includes fields for registration numbers, names, titles, addresses, and dates. Right side contains 'Office Use Only' section with fields for approvals, documentation, and reasons.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Continued ... /2

**CESSION OF CONTRACT OF INTERNSHIP . . . (CONTINUED)**

**SECTION D: CONTRACT OF CESSION OF INTERNSHIP ENTERED INTO BY AND BETWEEN THE ABOVE CEDENT, CESSIONARY AND PHARMACIST INTERN**

In terms of the original contract for internship of the pharmacist intern concluded between the Cedent and the Pharmacist Intern dated the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the Cedent supervised the internship of the Pharmacist Intern; and

WHEREAS the Cedent and the Cessionary have agreed that the Cedent will cede all his/her rights, obligations and interests, to the Cessionary in accordance with above-mentioned contract subject to amendments mentioned below; and

WHEREAS the Cessionary takes cession of the Cedent's rights, obligations and interests in accordance to above-mentioned contract. The parties agree as follows:

1. **Cession:** The Cedent cedes all his/her rights, obligations and interests in accordance with the contract, of which a copy is enclosed herewith, to the Cessionary subject to amendments mentioned below.
2. **Acceptance:** The Cessionary accepts the cession mentioned in 1, subject to obligations applicable to the Cedent and in accordance with above-mentioned contract and subject to amendments mentioned below.
3. **Consent:** The Pharmacist Intern accepts and confirms the cession of the above-mentioned contract.
4. **Effective date:** Notwithstanding the date of countersigning of this cession, it be taken that the cession will become effective on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, and will continue until the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.
5. **Amendments to Contract**
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_

<b>Signed by the Cedent at</b> _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____
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			(Cedent)								
<b>Signed by the Cessionary at</b> _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____
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			(Cessionary)								
<b>Permission herewith granted by the pharmacist intern at</b> _____	on	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____
D	D										
M	M										
Y	Y										
Y	Y										
			(Pharmacist intern)								
<b>Witnessed by: Name</b> _____			(Witness)								
<b>Name</b> _____			(Witness)								

<b>SECTION E: DECLARATION BY THE CEDENT (CURRENT TUTOR)</b>	<b>Office Use Only</b>
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I, the above tutor (refer Section A), declare that:

- a) I have acted as the responsible tutor for the above pharmacist intern during a period of internship in terms of the Pharmacy Act, 1974, at the pharmacy specified in Section A;
- b) the period of practical training undergone under my supervision by the above pharmacist intern commenced on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, and will terminate on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_;
- c) the above period of internship took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council, by virtue of a contract approved by the Council; and
- d) the information furnished herewith is true and correct.

**Cedent's (current tutor's) Signature:** \_\_\_\_\_ **Date:**

D	D
M	M
Y	Y
Y	Y



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### SESSION OF CONTRACT OF INTERNSHIP . . . (CONTINUED)

SECTION F: SUPPORTING DOCUMENTATION AND APPLICABLE FEES		Office Use Only
<p>I, the above applicant (pharmacist intern), submit the following in support of my application:</p> <p>a) a delegation form (if actual practical training is delegated to a pharmacist other than the prospective tutor specified in Section B)</p> <p>b) session fee – pharmacist intern: <b>R1, 456.00</b> (VAT incl.) (<b>refer note B</b>)</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/>	<p><b>Note B:</b> Fees are subject to change without further notification.</p>
SECTION G: DECLARATION BY APPLICANT (PHARMACIST INTERN)		
<p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section F above; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date</p>		
<p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>		

**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 the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited. 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

Signature \_\_\_\_\_

Date \_\_\_\_\_