



# 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: [customercare@sapc.za.org](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2022** only

## APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANTS (QUALIFIED POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974

This form is to be completed only by an assistant registered as a learner prior to 15 July 2013 or for registration of additional sector. All learner registrations after 15 July 2013 must be submitted electronically by the Provider.

| Please use black ink and complete in BLOCK CAPITALS.<br>Return to: The Registrar, South African Pharmacy Council |   | PLEASE NOTE:   |  |  |                                    |                                   |                                |                                   |                                |
|--|---|--|--|--|------------------------------------|-----------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>   |   | <p><b>Note A:</b> You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.</p> <p><b>Note B:</b> The postal address furnished herewith shall be deemed to be the applicant's <b>registered</b> address <b>all</b> correspondence and certificates will be posted to this address.</p> <p><b>Note C:</b> A change of address must be submitted to the registrar within 30 days of such change.</p> <p><b>Note D:</b> The applicant must have successfully completed all the unit standards required for a particular category of pharmacy prior to registration and may only practise in the category(ies) of pharmacy for which he/she has obtained a certificate of qualification for all the required standards.</p> <p><b>Note E:</b> A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p><b>Note F:</b> Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a <b>certified copy of the relevant marriage certificate</b> or documentary evidence and an affidavit regarding the change of name.</p> <p><b>Note G:</b> Fees are subject to change without further notification.</p> |  |  |                                    |                                   |                                |                                   |                                |
| P number   | P <input style="width: 40px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Surname/last name  | <input style="width: 90%; height: 20px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| Title  | <input style="width: 30px;" type="text"/> Initials (first names) <input style="width: 30px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| First names in full  | <input style="width: 90%; height: 20px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| Identity number  | <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Date of birth  | <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Gender and race (refer note A)   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Male</td> <td style="width: 25%;"><input type="checkbox"/> Female</td> <td style="width: 25%;">Race</td> <td style="width: 25%;"><input type="checkbox"/> Asian</td> <td style="width: 25%;"><input type="checkbox"/> Black</td> <td style="width: 25%;"><input type="checkbox"/> Coloured</td> <td style="width: 25%;"><input type="checkbox"/> White</td> </tr> </table> |  | <input type="checkbox"/> Male          | <input type="checkbox"/> Female        | Race                               | <input type="checkbox"/> Asian    | <input type="checkbox"/> Black | <input type="checkbox"/> Coloured | <input type="checkbox"/> White |
| <input type="checkbox"/> Male  | <input type="checkbox"/> Female   |  | Race                                   | <input type="checkbox"/> Asian         | <input type="checkbox"/> Black     | <input type="checkbox"/> Coloured | <input type="checkbox"/> White |                                   |                                |
| Postal address (refer notes B and C)   | <input style="width: 90%; height: 20px;" type="text"/><br><input style="width: 90%; height: 20px;" type="text"/><br><div style="text-align: right;"><input style="width: 20px;" type="text"/> Postal code <input style="width: 20px;" type="text"/></div>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Physical address (refer note C)  | <input style="width: 90%; height: 20px;" type="text"/><br><input style="width: 90%; height: 20px;" type="text"/><br><div style="text-align: right;"><input style="width: 20px;" type="text"/> Street code <input style="width: 20px;" type="text"/></div>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Cell number  | <input style="width: 90%; height: 20px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| Courier address  | <input style="width: 90%; height: 20px;" type="text"/><br><input style="width: 90%; height: 20px;" type="text"/><br><div style="text-align: right;"><input style="width: 20px;" type="text"/> Code <input style="width: 20px;" type="text"/></div>  |  |  |  |                                    |                                   |                                |                                   |                                |
| Work telephone number  | ( <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Fax number   | ( <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| E-mail address   | <input style="width: 90%; height: 20px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| <b>SECTION B: Particulars of the pharmacy/institution where the applicant intends practising</b>                 |   |  |  |  |                                    |                                   |                                |                                   |                                |
| Name of pharmacy/institution:  | <input style="width: 90%; height: 20px;" type="text"/>  |  |  |  |                                    |                                   |                                |                                   |                                |
| Pharmacy registration no:  | Y <input style="width: 40px;" type="text"/>   |  |  |  |                                    |                                   |                                |                                   |                                |
| Category of pharmacy in which applicant intend practising (refer note D)   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Institutional (hospital)</td> <td style="width: 25%;"><input type="checkbox"/> Community</td> <td style="width: 25%;"><input type="checkbox"/> Manufacturing</td> <td style="width: 25%;"><input type="checkbox"/> Wholesale</td> </tr> </table>   | <input type="checkbox"/> Institutional (hospital)  | <input type="checkbox"/> Community     | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |                                   |                                |                                   |                                |
| <input type="checkbox"/> Institutional (hospital)  | <input type="checkbox"/> Community  | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Wholesale     |  |                                    |                                   |                                |                                   |                                |
| Sector of pharmacy in which applicant intends practising (if known)  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Private Sector</td> <td style="width: 50%;"><input type="checkbox"/> Public Sector</td> </tr> </table>   | <input type="checkbox"/> Private Sector  | <input type="checkbox"/> Public Sector |  |                                    |                                   |                                |                                   |                                |
| <input type="checkbox"/> Private Sector  | <input type="checkbox"/> Public Sector  |  |  |  |                                    |                                   |                                |                                   |                                |
| <b>SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>   |   |  |  |  |                                    |                                   |                                |                                   |                                |
| I, the above applicant, submit the following in support of my application:                                       |   |  |  |  |                                    |                                   |                                |                                   |                                |
| a) a <b>certified</b> copy of my identity document or passport (refer notes E and F)                             | <div style="display: flex; justify-content: space-between;"> <div style="font-size: small;">Mark with a ✓</div> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>  |  |  |  |                                    |                                   |                                |                                   |                                |
| b) documentary evidence of a certificate of qualification from a registered provider                             | <input style="width: 40px; height: 20px;" type="checkbox"/>   |  |  |  |                                    |                                   |                                |                                   |                                |

Signature \_\_\_\_\_

Date \_\_\_\_\_



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c) registration fee – pharmacist’s assistant (post-basic): **R1090.00** (VAT incl.)

d) Annual fee: **R616.00** (VAT incl.) payable with application (**refer note G**)

### SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- (a) I herewith include all the applicable documentation/fees mentioned in Section C above;
- (b) I am the person mentioned in the attached certificate of qualification and it is my own lawful property;
- (c) I have completed a period of at least 12 months in-service training as prescribed in terms of the *Regulations relating to pharmacy education and training*;
- (d) I comply with the requirements for registration as a pharmacist’s assistant (post-basic);
- (e) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended;
- (f) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country; and
- (g) the information furnished herewith is true and correct.

Applicant’s Signature: \_\_\_\_\_ Application Date: 

|    |   |    |   |      |
|----|---|----|---|------|
| DD | / | MM | / | YYYY |
|----|---|----|---|------|

### SECTION E: DECLARATION BY TUTOR

|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|------------------------------|---|---|--|--|------------------------|---|--|--|--|--|--|--------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| Pharmacist registration no:  | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>   |   |  |  |                        |   |  |  |  |  |  | Pharmacist acc no:<br>(if available) | P <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| Surname/last name            | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| Title                        | <table border="1"><tr><td></td><td></td><td></td></tr></table>  |   |  |  | Initials (first names) | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| First names in full          | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| Name of pharmacy/institution | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
|                              |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| Pharmacy registration no:    | <table border="1"><tr><td>Y</td><td></td><td></td><td></td><td></td><td></td></tr></table>  | Y |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |
| Y                            |   |   |  |  |                        |   |  |  |  |  |  |                                      |   |  |  |  |  |  |  |  |  |  |  |

I, the above tutor, declare that:

- a) I have acted as the tutor for the above applicant (pharmacist’s assistant) during his/her period of in-service training in terms of the Pharmacy Act, 1974 at the pharmacy specified above;
- b) the period of in-service training undergone under my supervision by the above pharmacist’s assistant commenced on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, and will terminate on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_;
- c) the above period of in-service training took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council; and
- d) the information furnished herewith is true and correct.

Tutor’s Signature: \_\_\_\_\_ Application Date: 

|    |   |    |   |      |
|----|---|----|---|------|
| DD | / | MM | / | YYYY |
|----|---|----|---|------|

### SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned declarations were SIGNED and SWORN TO before me at \_\_\_\_\_  
(place)  
on this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the deponents (applicant and tutor) having acknowledged that they know and understand the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS \_\_\_\_\_

**STAMP**  
(Compulsory)

(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   | South African Pharmacy Council |
| Name of Bank  | Standard Bank of South Africa  |
| Account type  | Cheque account                 |

Signature\_\_\_\_\_

Date\_\_\_\_\_



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|                            |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|----------------------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| Branch Code                | 0   | 1 | 0 | 1 | 4 | 5 |   |   |   |  |  |  |  |  |  |  |  |
| Beneficiary Account number | 0   | 1 | 1 | 8 | 8 | 5 | 8 | 6 | 6 |  |  |  |  |  |  |  |  |
| Beneficiary Reference      | <i>Your account number ** with SAPC and surname &amp; initials.</i> |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |

**PLEASE NOTE:**

- 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.

Signature\_\_\_\_\_

Date\_\_\_\_\_