



South African Pharmacy Council

Form is valid for
2021 only

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APPLICATION: FORMER B PHARM STUDENT REGISTRATION AS A PHARMACIST'S ASSISTANT (LEARNER BASIC OR PHARMACIST'S ASSISTANT (LEARNER POST-BASIC) FOR RECOGNITION OF PRIOR LEARNING

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

University's 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	<input type="text"/>		
Gender and race (refer note A)	Male	Female	Race: Asian Black Coloured White
Courier 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"/>		
Work telephone number	<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:	<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 for purposes of training before the assistant will be registered with Council.

Signature _____

Date _____

