



# South African Pharmacy Council

Form is valid for  
**2022** only

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)

## 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"/>
<b>Application for registration as:</b>	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"/>	<input type="text"/>	<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 \_\_\_\_\_



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RP's registered postal address <b>(Refer note E)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td></tr> <tr><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td></tr> <tr><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td></tr> </table>																																																															Postal code
RP's Signature: _____	Application Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td></tr></table>																																																															

**SECTION B: CONTINUED**

Previous Provider with whom registered for a Bachelor of Pharmacy qualification in pharmacy	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td></tr> <tr><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td><td style="width:10px; height:15px;"></td></tr> </table>																																									

**Note E:** 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.

**SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES**

I, the above applicant, submit the following in support of my application:

	Mark with a
	<input checked="" type="checkbox"/>
(a) A <b>certified</b> copy of my identity document or passport <b>(Refer note E)</b>	<input type="checkbox"/>
(b) A <b>certified</b> copy of my academic record up to the last enrolment year;	<input type="checkbox"/>
(c) A <b>registration fee</b> – pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic) <b>R2,180.00</b> (VAT incl.) - payable with the application <b>(Refer note F)</b> .	<input type="checkbox"/>
(d) An <b>annual fee</b> – pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic): <b>R249.00</b> (VAT incl.) - <b>(Refer notes F)</b>	<input type="checkbox"/>

**Note F:** Fees are subject to change without further notification

**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 comply with the requirements for registration as a pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic);
- c) I have not been found guilty of any offense under the Pharmacy Act, 1974, as amended; and
- d) The information furnished herewith is true and correct.

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

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**SECTION E: DECLARATION BY COMMISSIONER OF OATHS**

The abovementioned was SIGNED and SWORN TO before me at \_\_\_\_\_  
(place)

on this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the deponent (applicant) having acknowledged that he/she knows and understands 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													
Branch Code	0	1	0	1	4	5								
Beneficiary Account number	0	1	1	8	8	5	8	6	6					
Beneficiary Reference	<b>Your account number ** with SAPC and surname &amp; initials.</b>													

**PLEASE NOTE:**

1. 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
2. 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)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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 \_\_\_\_\_