



**SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY
SCHOOL OF PHARMACY**

IMMUNISATION AND INJECTION TECHNIQUES FOR PHARMACISTS (IITP)

FOR OFFICE USE ONLY	GROUP		Candidate number:	
	INDIVIDUAL		Date received:	
	ONLINE		Date captured:	
	CONTACT		Documents verification:	

PLEASE FILL IN ALL SECTIONS IN CLEAR BLOCK LETTERS.

Registration Form for the Immunization and Injection Techniques for Pharmacists												
Title	Prof		Dr		Mr		Mrs		Miss		Ms	
Surname												
Maiden Surname (For married female applicants)												
First name (strictly according to ID or Birth Certification)												
Marital Status	Single		Married		Divorced		Widow/er					
Race	African		White		Asian		Coloured					
Home Language												
Gender	Male					Female						
Country of Citizen												
Identity number												
Passport number												
Address for correspondence	Work organisation:						Home:					
	Postal code:						Postal code:					
Province												
Contact numbers	Home:						Cell:					
	Work:						Fax:					
E-mail address (NB!!)												
SAPC P number												
Category of registration (e.g Intern, Comserve)												
How did you become aware of the Immunization and Injection Techniques for Pharmacists course? (tick below)												
Word of mouth	Social media		Internet		SMU staff		Other (specify)					
Attach the following documents for registration:												
Copy of identity document (Passport copies must be												Office Use
Copy of current SAPC proof of registration												
Proof of payment												
Signed Declaration												

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Email: juanita.krugel@smu.ac.za

COURSE FEES AND PAYMENT DETAILS

COURSE FEES: R5 400
Candidates are responsible for the full course fee before the commencement of the course.
Banking Details: Account name: Sefako Makgatho Health Sciences University Bank name: Standard Bank Account no.: 071244395 Branch no.: 020909 Reference no.: “Your ID/Passport number” (This step is very important for us to trace your payment.)
PLEASE NOTE THAT NO REGISTRATION FORM WILL BE PROCESSED WITHOUT ALL THE DOCUMENTS REQUIRED OR INCOMPLETE INFORMATION
<ul style="list-style-type: none">• Submit the application by email with all relevant documents and ‘proof of payment’ to juanita.krugel@smu.ac.za• Should your registration be successful, the course administrator will inform you of the next steps.• All personal information will only be used for internal or legal purpose.
Sefako Makgatho Health Sciences University’s Immunisation and Injection Techniques for Pharmacists course reserves the right to make changes to the course without prior notification.

“Knowledge for quality health services”

CANDIDATE DECLARATION

I, _____ (**Prospective candidate**) declare that this registration establishes a binding agreement upon the terms set out herein between myself and the School of Pharmacy.

The fees are not refundable or discountable. If I do not complete all elements of the course for any reason within the allocated period other than illness (supported by a doctor's certificate) and/or bereavement (supporting documents required), a re-registration fee is required.

I acknowledge that it is my responsibility to notify the School of Pharmacy within 30 days should there be any changes in my personal information provided.

I understand that should I be declared "Not Yet Competent", I will be required to be re-assess until deemed "Competent", up to the maximum attempts set. Re-registration fees are applicable should you be deemed "Not Yet Competent" after the final maximum re-assessment result.

POPI PRIVACY POLICY

All parties agree to comply with POPI regulations and process all information and/or personal data in respect of the services rendered and/or received in accordance with the requirements of the Protection of Personal Information Act, no. 4 of 2013 and for purposes set out in the agreements above.

The **School of Pharmacy** may disclose your data as follows: Professional Affiliations such as SAPC for registering candidates, supplying reports, research purposes etc. Business Partners and Other Third Parties such as courier services, finance, database hosts etc. We may disclose your Personal Information to law enforcement authorities, government or public agencies or officials, regulators, and/or to any other person or entity having appropriate legal authority or justification for receipt of your information, if required or permitted to do so by law or legal process, to respond to claims, or to protect our rights, interests, privacy, property or safety.

Furthermore, the School of Pharmacy endeavours to take all reasonable precautions to ensure that any information provided, regardless of how it is submitted, is only used for the purposes it has provided above. You consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information in accordance with this policy.

I have thoroughly read and agree to the above terms and conditions that administrate my registration, including fees payable and I am bound to them.

Signature of Applicant

Date and Place

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