

DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS

FOR OFFICE USE ONLY	GROUP INDIVIDUAL	<input type="checkbox"/>	Candidate number:	Document Verification:
	ONLINE CONTACT	<input type="checkbox"/>	Date Received:	Date Captured:

PLEASE FILL IN ALL SECTIONS IN CLEAR BLOCK LETTERS.

Registration Form for the Dispensing Course												
Title (Prof, Dr, Mr, Mrs, Miss, Ms)												
Surname												
Maiden Surname (For married female applicants)												
First name(s) (Strictly according to ID or BIRTH CERTIFICATE)												
Marital Status	Single		Married		Divorced		Widow/er					
Race	African		White		Indian		Coloured					
Home Language												
Gender	Male		Female		Gender Neutral							
Country of Citizenship												
Identity number <i>or</i>												
Passport number*												
Address for correspondence	Work Organization:					Home:						
	Postal Code:					Postal Code:						
Province												
Contact numbers	Home:					Cell:						
	Work:					Fax:						
E-mail address (NB!!)												
Statutory Council	HPCSA								SANC			
Council number												
Category of registration												
Qualifications	Qualification Name				Institution				Year			

How did you become aware of the SMU-Dispensing Course? (Tick all applicable)				
Word of mouth	Social Media	Internet	Former candidate	Other (please specify)
Attach the following documents for registration:				<i>Office Use</i>
Copy of identity document (*Passport copies must be accompanied by valid visa copy)				
Copy of current SANC/HPCSA license to practice				
Proof of payment				
Signed Declaration				

COURSE FEES AND PAYMENT DETAILS

Please indicate course type:			
ONLINE: R3500		CONTACT: R5200	
Candidates are responsible for the full course type fee before commencement of the course.			
<u>Banking Details</u>			
Bank: Standard Bank			
Branch Code (electronic payments): 051001 (Thibault Square)			
Branch code: 020909			
Account Name: SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY			
Account Number: 070754128			
Account Type: Current			
Swift address: SBZA ZA JJ			
Reference: "Your Full Name _ C008" (<i><u>This step is very important for us to be able to trace your payment.</u></i>)			
PLEASE NOTE THAT NO REGISTRATION FORM WILL BE PROCESSED WITHOUT ALL THE DOCUMENTS REQUIRED OR WITH INCOMPLETE INFORMATION			
<ul style="list-style-type: none"> • Submit the application by email with all relevant documents and *proof of payment to thembelihle.chiloane@smu.ac.za. • Should your registration be successful, the dispensing course administrator will inform you of the next steps. • All personal information will only be used for internal or legal purposes. 			
SMU-Dispensing Course reserves the right to make changes to the course without prior notification.			

CANDIDATE DECLARATION

I, _____ (**Prospective Candidate**), declare that this registration constitutes a binding agreement between myself and the SMU-Dispensing Course, subject to the terms and conditions set out herein. I hereby confirm that I agree to abide by all terms and conditions contained in this agreement.

Fees and Refund Policy

I acknowledge and agree that all fees paid in respect of the SMU-Dispensing Course, including registration fees, tuition fees, assessment fees, re-assessment fees, and re-registration fees, are strictly **non-refundable**. All course fees, including the registration fee, are final and no refunds, credits, transfers, reductions, or discounts will be granted under any circumstances, including but not limited to cancellation, withdrawal, non-attendance, inability to participate, failure to complete the course, or unsuccessful assessment outcomes.

Should I fail to complete all components of the course within the prescribed nine (9) month period for any reason other than illness (supported by a valid medical certificate) or bereavement (supported by appropriate supporting documentation), I will be required to pay the applicable re-registration fee.

I acknowledge that it is my responsibility to notify the SMU-Dispensing Course in writing within thirty (30) days of any changes to my personal information or contact details.

I understand that should I be declared "Not Yet Competent", I will be required to undergo re-assessment until deemed "Competent", subject to a maximum of three (3) assessment attempts. I accept that re-assessment fees will be charged at the prevailing Dispensing Course rates. A re-registration fee will apply where more than six (6) months have elapsed since the "Not Yet Competent" result was issued.

POPI Privacy Policy

All parties agree to comply with the requirements of the Protection of Personal Information Act, No. 4 of 2013 (POPIA), and to process all personal information in accordance with the Act and the purposes outlined in this agreement.

I consent to the collection, processing, storage, use, and disclosure of my personal information by the SMU-Dispensing Course for purposes related to registration, assessment, certification, reporting, research, administration, legal compliance, and service delivery.

The SMU-Dispensing Course may disclose personal information to professional bodies such as the South African Pharmacy Council (SAPC) for candidate registration, reporting, research purposes, and other legitimate academic or administrative functions. Personal information may also be shared with business partners and service providers, including courier services, financial institutions, database hosts, and other third parties involved in the delivery of services. Where required or permitted by law, the SMU-Dispensing Course may disclose personal information to law enforcement agencies, government departments, regulatory authorities, or any other person or entity with lawful authority to receive such information.

The SMU-Dispensing Course undertakes to take all reasonable measures to protect personal information and to ensure that it is used only for the purposes stated above.

I confirm that I have read, understood, and agree to the above terms and conditions governing my registration, including all fees payable, and acknowledge that I am bound by them.

Signature of Applicant

Date

Place