



6. **COUNTRY OF CITIZENSHIP**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. **GENDER**

Male	Female
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**RACE**

Asian	Black	Coloured	White
-------	-------	----------	-------

(Mark appropriate box with an X)

8. **HOME LANGUAGE**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. **ANY DISABILITY**

Yes	No
-----	----

If yes, please describe:

.....

.....

10. **SPECIAL LEARNING NEEDS**

Yes	No
-----	----

If yes, please describe:

.....

.....

11. **HIGHEST QUALIFICATIONS (e.g. Matriculation) LIST BELOW**


12. **a) STREET ADDRESS OF RESIDENCE**

.....

.....

.....

**b) POSTAL ADDRESS**

.....

.....

.....

**c) TELEPHONE**

--

**CELL**

--

**E-MAIL**

--

13. **NEXT OF KIN:**

**SCHOOL OF PHARMACY, SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY PHARMACY  
TRAINING AND DEVELOPMENT PROJECT**

PO BOX 218, SMU , 0204, SOUTH AFRICA, TEL: 012 521 4997

E-MAIL: makoma.mokgola@smu.ac.za/ Mpho.modika@smu.ac.za

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAMES (Strictly according to ID or BIRTH CERTIFICATE, PLEASE LEAVE ONE BLOCK OPEN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BETWEEN NAMES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TITLE (Mark appropriate box with an X)

Mr	Miss	Mrs	Ms	Other
----	------	-----	----	-------

## CONTACT DETAILS

b)

TELEPHONE

--

CELL

--

EMAIL

--

## A. OTHER

### 1. HOW DID YOU LEARN ABOUT THE TRAINING PROGRAMMES OFFERED BY THE SCHOOL OF PHARMACY AT SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (SMU)

Advert in Pharmacaie

--

Colleagues / word of mouth

--

Internet (SMU Website/social media) From

--

SAPC website

--

Other, please specify .....

## D. PAYMENT DETAILS:

**Application fee of R280 must be made in to below banking details**

Name of account: Sefako Makgatho University  
Bank: Standard Bank  
Branch: Thibault Square  
Account no: 070754128  
Branch Code: 051001  
Reference: C008 (OC/PAT) learner's initials and surname

**SCHOOL OF PHARMACY, SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY PHARMACY  
TRAINING AND DEVELOPMENT PROJECT**

PO BOX 218, SMU , 0204, SOUTH AFRICA, TEL: 012 521 4997  
E-MAIL: makoma.mokgola@smu.ac.za/ Mpho.modika@smu.ac.za

**E. STATEMENT BY APPLICANT:**

I, .....(full name) declare that the above information is true and correct .

Signed ..... this ..... day of ..... in the .....year.

## CHECK LIST

### ITEMS NEEDED TO REGISTER AS PHARMACISTS' ASSISTANTS'

Tick each box as you complete or obtain the necessary item.

1. SAPC Application form for to be completed (attached): ☐
2. Application form for PTDP/SMU to be completed (attached): ☐
3. Copy of your ID, Matric Certificate, certified by **Commissioner of Oaths** ☐
4. EISA Certificate certified by **Commissioner of Oaths** *(if applicable)* ☐
5. 1 recent profile photo (head and shoulders) saved in **jpeg.format** ☐
6. Certified copies of qualifications i.e., highest school qualification ☐  
and Basic Level certificate: Signed by **\*Commissioner of Oaths**
7. Proof of payment of SMU Application fee ☐

***All documents must be completed, with attachments sent to***  
[makoma.mokgola@smu.ac.za](mailto:makoma.mokgola@smu.ac.za) and [Mpho.modika@smu.ac.za](mailto:Mpho.modika@smu.ac.za)



# 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  
**2024** only

Page 1 of 2

## OCCUPATIONAL CERTIFICATE: APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANT LEARNER BASIC OR LEARNER POST-BASIC IN TERMS OF THE PHARMACY ACT, 53 OF 1974

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

Have you ever been registered with this Council in any capacity?	Yes	No	If yes, what was your account number?	P						
Application for registration as:	Pharmacist's Assistant (Learner Basic)		Pharmacist's Assistant (Learner Post-Basic)							
Surname/last name										
Title			Initials (first names)							
First names in full										
Identity number										
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y
Gender	Male		Female	Race	Asian		Black	Coloured	White	
Postal address										
	Postal code									
Registered address										
	Street code									
Cell number										
Courier address										
	Street code									
Email address										

### SECTION B: TRAINING PARTICULARS OF APPROVED PHARMACY AND TUTOR

Name of pharmacy/institution approved for training where applicable (Refer to note A)																
Pharmacy registration number where applicable (Refer to note A)	Y															
Sector of pharmacy	Private Sector					Public Sector										
Branch of pharmacy	Institutional (hospital)		Community		Manufacturing		Wholesale									
Tutor registration no						Tutor account no (if available)	P									
Tutor surname/last name																
Tutor title			Tutor initials													
Tutor's registered postal address																
	Postal code															
Tutor's Signature						Application date	D	D	/	M	M	/	Y	Y	Y	Y
Provider with whom registered for a certificate of qualification in pharmacy																
Provider - Pharmacy Council registration no. (if available)						Applicant reg no. with provider										

**Note A:** You are required to complete this section if you are employed in a pharmacy. As a learner, it is not compulsory to be employed in a pharmacy. It is compulsory to do work-experience modules in a pharmacy under the auspices of a provider.

### SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

Mark with a ✓

- a) a **certified copy** of my identity document or passport (Refer to notes B and C)

--

**Note B:** A certified copy is a photocopy of the original document, which has been certified by a

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_



# South African Pharmacy Council

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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)

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<p>b) a copy of <b>enrolment certificate</b> issued by the approved provider which will lead to a certificate of qualification in pharmacy <span style="float: right;">[ ]</span></p> <p>c) the <b>registration fee</b> – Pharmacist's Assistant (Learner Basic) or Pharmacist's Assistant (Learner Post-Basic): <b>R2 447,00</b> (VAT incl.) – payable with application (fee includes registration on completion) <span style="float: right;">[ ]</span></p> <p>d) the <b>annual fee</b> – Pharmacist's Assistant (Learner Basic) or Pharmacist's Assistant (Learner Post-Basic): <b>R280,00</b> (VAT incl.) – (Refer to Note D) <span style="float: right;">[ ]</span></p>	<p>Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p><b>Note C:</b> Should the name on the application form (Section A) differ from the documentary proof (i.e., the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.</p> <p><b>Note D:</b> Fees are subject to change without further notification.</p>										
<b>SECTION D: DECLARATION BY APPLICANT</b>											
<p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>b) I comply with the requirements for registration as a Pharmacist's Assistant (Learner Basic) or Pharmacist's Assistant (Learner Post-Basic);</p> <p>c) I have not been found guilty of any offence under the Pharmacy Act, 53 of 1974; and</p> <p>d) the information furnished herewith is true and correct.</p> <p>Applicant's signature _____ Application date <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table></p>		D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
<b>SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b>											
<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>on this ____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>											
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>STAMP</b> (Compulsory)         </div> <p>(Full names, capacity, address and contact details of Commissioner of Oaths)</p>											

SAPC Electronic Payment Details													
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	Your account number ** with SAPC and surname & initials.												

**PLEASE NOTE:**

1. For first-time registration, only original applications will be accepted. Please do not fax or email applications if registering for the first time as a Learner Basic Pharmacist's Assistant.
2. 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 fees) that may have been paid herewith shall be forfeited.
3. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (refer to item 2 above).
4. Cash, postal orders and cheques will not be accepted with any application form.
5. The 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.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_