



# South African Pharmacy Council

Form is valid for  
**2024** 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)

## OCUPATIONAL 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

<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>	
Have you ever been registered with this Council in any capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was your account number? P <input type="text"/>
Application for registration as:	Pharmacist's Assistant (Learner Basic) <input type="checkbox"/> Pharmacist's Assistant (Learner Post-Basic) <input type="checkbox"/>
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	Male <input type="checkbox"/> Female <input type="checkbox"/> Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
Postal address	<input type="text"/> Postal code <input type="text"/>
Registered address	<input type="text"/> Street code <input type="text"/>
Cell number	<input type="text"/>
Courier address	<input type="text"/> Street code <input type="text"/>
Email address	<input type="text"/>

<b>SECTION B: TRAINING PARTICULARS OF APPROVED PHARMACY AND TUTOR</b>	
Name of pharmacy/institution approved for training where applicable (Refer to note A)	<input type="text"/>
Pharmacy registration number where applicable (Refer to note A)	Y <input type="text"/>
Sector of pharmacy	Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/>
Branch of pharmacy	Institutional (hospital) <input type="checkbox"/> Community <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/>
Tutor registration no	<input type="text"/> Tutor account no (if available) P <input type="text"/>
Tutor surname/last name	<input type="text"/>
Tutor title	<input type="text"/> Tutor initials <input type="text"/>
Tutor's registered postal address	<input type="text"/> Postal code <input type="text"/>
Tutor's Signature	Application date <input type="text"/>
Provider with whom registered for a certificate of qualification in pharmacy	<input type="text"/>
Provider – Pharmacy Council registration no. (if available)	Applicant reg no. with provider <input type="text"/>

**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.

<b>SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>	
I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) a <b>certified copy</b> of my identity document or passport (Refer to notes B and C)	<input type="checkbox"/>

**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

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 2 of 2

<p>b) a copy of <b>enrolment certificate</b> issued by the approved provider which will lead to a certificate of qualification in pharmacy <input type="text"/></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) <input type="text"/></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) <input type="text"/></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>										
<p><b>SECTION D: DECLARATION BY APPLICANT</b></p>											
<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; vertical-align: middle;"><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		

<p><b>SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b></p>	
<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>	<p style="text-align: center;"><b>STAMP</b> (Compulsory)</p> <p style="text-align: center;"><i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i></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	<b>Your account number ** with SAPC and surname &amp; initials.</b>

**PLEASE NOTE:**

- 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.
- 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.
- 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).
- Cash, postal orders and cheques will not be accepted with any application form.
- 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 \_\_\_\_\_