

2026 SAPC Pioneer Pharmacy (Professional and Facility) Awards

NOMINATION FORM (To be attached online)

Please indicate the category in which you want to nominate a pharmacy professional and/or pharmacy facility for the award as shown below.

2026 SAPC Pioneer Pharmacy Professional Category Award	[X]	2026 SAPC Pioneer Pharmacy Facility Category Award	[X]
1. Future Pharmacist Award (BPharm/Intern/Masters)		1. Community Pharmacy Award	
2. Pharmacy Support Personnel Award		2. Public Institutional Pharmacy Award	
3. Community Pharmacist Award		3. Private Institutional Pharmacy Award	
4. Public Institutional Pharmacist Award		4. Manufacturing (Industry) Pharmacy Award	
5. Private Institutional Pharmacist Award		5. Wholesale (Distributor/ Depot) Pharmacy Award	
6. Wholesale (Distributor/ Depot) Pharmacist Award			
7. Manufacturing (Industry) Pharmacist Award		2026 SAPC Pioneer Pharmacy Facility Award	
8. Academic Pharmacist Award			
9. Legacy Pharmacist Award			
2026 SAPC Pioneer Pharmacy Professional Award			

PLEASE SUPPLY THE CONTACT DETAILS AND SIGNATURES OF BOTH YOURSELF (THE NOMINATOR) AND THE PHARMACY PROFESSIONAL AND/OR FACILITY YOU WISH TO NOMINATE (NOMINEE).

Contact details of the Nominee Pharmacy Professional				Contact details of the Nominee Pharmacy Facility			
P	Name and Surname	Title	Signature	Y	Name of Pharmacy	Title of Responsible Pharmacist (RP)	Signature of RP
Cell no:				RP cell no:			
Tel:		Fax:		Facility tel:		Fax:	
E-mail:				E-mail:			
Signature of Nominee				Signature of RP			
Date:		/		Date:		/	
Contact details of the Nominator							
Name and Surname							
Cell no:							
Tel:							
Fax:							
E-mail:							
Signature of the Nominator							
Date:		/			/		
Nomination should be submitted to the relevant category entry form at www.sapc.za.org/Awards Please send the enquiries via e-mail: Jermina.Matlaila@sapc.za.org.							

Please read and comply with the Awards Information Criteria Document available for download on the SAPC Website: www.sapc.za.org