

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	<input type="checkbox"/>	1. Community Pharmacy Award	<input type="checkbox"/>
2. Pharmacy Support Personnel Award	<input type="checkbox"/>	2. Public Institutional Pharmacy Award	<input type="checkbox"/>
3. Community Pharmacist Award	<input type="checkbox"/>	3. Private Institutional Pharmacy Award	<input type="checkbox"/>
4. Public Institutional Pharmacist Award	<input type="checkbox"/>	4. Manufacturing (Industry) Pharmacy Award	<input type="checkbox"/>
5. Private Institutional Pharmacist Award	<input type="checkbox"/>	5. Wholesale (Distributor/ Depot) Pharmacy Award	<input type="checkbox"/>
6. Wholesale (Distributor/ Depot) Pharmacist Award	<input type="checkbox"/>		
7. Manufacturing (Industry) Pharmacist Award	<input type="checkbox"/>	2026 SAPC Pioneer Pharmacy Facility Award	
8. Academic Pharmacist Award	<input type="checkbox"/>		
9. Rising Star Pharmacist Award	<input type="checkbox"/>		
10. Legacy Pharmacist Award	<input type="checkbox"/>		
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