

Attention for:	
From: S Buys Academy	
Fax No/E-mail:	
No. of Pages: 1 of	Date:

REGISTRATION AND CERTIFICATE REQUEST FORMS

As a provider, S Buys Academy is responsible for registering learners as qualified Pharmacist's Assistants Basic/Post-Basic with the South African Pharmacy Council (SAPC)

Learners will only be registered with the SAPC if:

	Check yourself:
All modules and assignments have been competent.	
At least 80% of workshops have been attended.	
All fees to the Academy have been paid.	
All attached forms have been completed and sent to the Academy (pages 2 and 3 as attached).	
The tutor has submitted the 4/8/12-month learner progress reports (electronically, as explained on the last attached page).	
Annual fees to the SAPC had been paid per the invoice received from the SAPC.	
12 months of in-service training as per registration certificate with SAPC had been completed. (start date as per SAPC learner registration certificate)	

DO NOT submit these forms unless the requirements above have been met.

Please note:

- The registration process as a Qualified Pharmacist's Assistant Basic/Post-basic takes 10 working days if all requirements, as mentioned above, have been met.
- The Academy will contact learners if any requirements have not been met.

Kind Regards,

S Buys Team

Tel: 018 788 2102 ext 1204

E-mail: done@sbuys.co.za



TDA Number: _____ Request date: _____

Name of learner: _____

Contact details to be used in all correspondence regarding the certification process:

Cell phone/Telephone number: _____

E-mail address: _____

Fax number: _____ (only if no e-mail address)

In line with Section 15 of the Protection of Personal Information Act, 4 of 2013, I, the above-stated learner, hereby give my consent freely and voluntarily that the Academy, its data operators, and its employees may report on the progress of my studies to the South African Pharmacy Council for me to be registered as a qualified pharmacist's assistant.

- I understand that my personal information, as recorded and stored by the Academy, is protected under and in full accordance with the Protection of Personal Information Act (4 of 2013). Any additional personal information I supply will be subject to the same standard of confidentiality and protection.
- I understand that I may enquire about what personal information the Academy shares and why it is necessary. I further understand that I may object to my information being processed and request a correction or deletion of my information at any time.
- The Academy may / may not (tick the relevant box) send me marketing information regarding new courses/products via e-mail in the future.

Date: _____ Signature: _____

Name of Tutor: _____

Please select the relevant sessions that you tutored:

Session no:	1	2	3	4	5	6	7	8
Tick where relevant								

Declaration by Tutor:

I, the above-stated tutor, hereby declare that I have completed the 4, 8, and 12-month learner progress reports electronically via my login to the SAPC's website (See instructions on the last page of this document).

The Academy may / may not (tick the relevant box) send me marketing information about new courses/products via e-mail in future.

Date: _____ Signature: _____

PHARMACIST'S ASSISTANT: LEARNER FEEDBACK

Dear learner,

The quality of both our study material and service to our clients is vital to us. To enable us to do proper quality assurance on our products, your honest comments regarding your experience of the complete learning process will be valuable to us.

Which course did you complete?

BL:

PBL:

Rating scale: 1 = Very Poor and 5 = Excellent

1. **How would you rate the application and registration process for the Pharmacist's Assistant course?**

1	2	3	4	5
---	---	---	---	---

2. **How would you rate the time frame from applying until receiving your study material?**

1	2	3	4	5
---	---	---	---	---

3. **How would you rate the assistance provided to you by the Academy staff during the learning process?**

1	2	3	4	5
---	---	---	---	---

4. **Rate the quality of the learning material.**

1	2	3	4	5
---	---	---	---	---

5. **Was the content of the learning material clear and understandable?**

1	2	3	4	5
---	---	---	---	---

6. **Rate the quality of the workshops you attended.**

1	2	3	4	5
---	---	---	---	---

7. **How did you experience the assessment process?**

1	2	3	4	5
---	---	---	---	---

8. **Rate the time frame between the submission of your assignment and receiving feedback from the Academy**

1	2	3	4	5
---	---	---	---	---

9. **How do you think we can improve our product and service?**

Thank you. We sincerely appreciate your cooperation.

PHARMACIST'S ASSISTANT: TUTOR FEEDBACK

Dear tutor,

The quality of both our study material and service to our clients is vital to us. To enable us to do proper quality assurance on our products, your honest comments regarding your experience of the complete learning process will be valuable to us.

Which course did your learner complete? BL: PBL:

Rating scale: 1 = Very Poor and 5 = Excellent

1. **How would you rate the application and registration process for the Pharmacist's Assistant course?**

1	2	3	4	5
---	---	---	---	---

2. **How would you rate the time frame from applying until receiving your tutor material?**

1	2	3	4	5
---	---	---	---	---

3. **How would you rate the assistance provided to you by the Academy staff during the learning process?**

1	2	3	4	5
---	---	---	---	---

4. **Rate the quality of the learning material.**

1	2	3	4	5
---	---	---	---	---

5. **Rate the appropriateness of the learning activities.**

1	2	3	4	5
---	---	---	---	---

6. **Was the content of the tutoring material clear and understandable?**

1	2	3	4	5
---	---	---	---	---

7. **How did you experience the formative assessment process?**

1	2	3	4	5
---	---	---	---	---

8. **How do you think we can improve our product and service?**

Thank you. We sincerely appreciate your cooperation.

PHARMACIST'S ASSISTANT: EMPLOYER FEEDBACK

Dear Employer,

The quality of the service to our clients is vital to us. To enable us to do proper quality assurance on our products, your honest comments regarding your experience of the complete learning process and the quality of the performance of the learner(s) you enrolled with us will be valuable to us.

NAME OF EMPLOYER/PHARMACY GROUP: _____

Which course did your learner complete? BL: PBL:

Rating scale: 1 = Very Poor and 5 = Excellent

1. **How would you rate the application and registration process for the Pharmacist's Assistant course with S Buys Academy?**

1	2	3	4	5
---	---	---	---	---

2. **Did the learner's performance improve as a result of doing the course?**

YES	NO
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3. **Please rate the improvement.**

1	2	3	4	5
---	---	---	---	---

4. **Rate the quality of the assistance provided to you by S Buys Academy staff.**

1	2	3	4	5
---	---	---	---	---

5. **Rate the learner status report/monthly progress report's influence in ensuring your learner finishes within the required time frame.**

1	2	3	4	5
---	---	---	---	---

6. **How do you think we can improve our service?**

7. **Is there anything else you would like to bring to our attention?**

Thank you. We sincerely appreciate your cooperation.

PLEASE E-MAIL OR FAX THIS PAGE BACK TO US



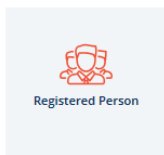
PROCEDURE FOR COMPLETING ELECTRONIC LEARNER PROGRESS REPORTS

PLEASE NOTE: This is the responsibility of the registered tutor, as it is linked to the tutor's profile. Even if the learner has completed all theoretical modules, all 3 Learner Progress Reports must be completed before a learner is registered as qualified.

- Access the South African Pharmacy Council's webpage (www.pharmcouncil.co.za)
- Click on "Login".

Members of the Public COVID-19 **Login**

- Click on "Registered Person".



- Fill in your P number/ID number and password.

P Number

ID/Passport Number

Password

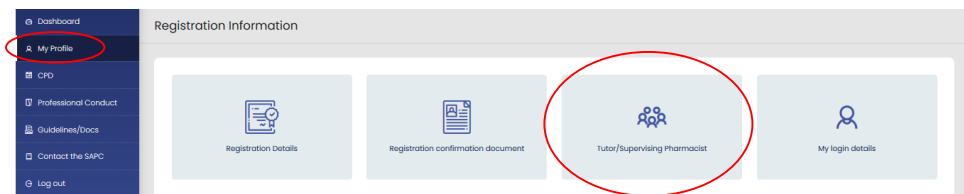
- Once you are logged in, confirm or update your details.

NB: Confirm/Update your contact information

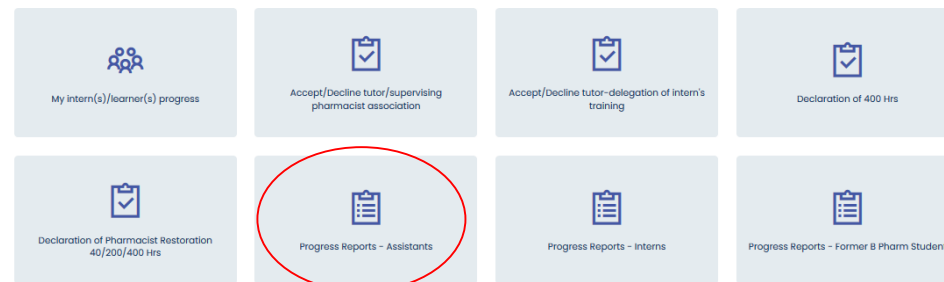
Cell Number	Email Address
2522 Update	2520 Update
2499 Update	

Details are correct

- Select my profile and then tutor/supervision pharmacist.



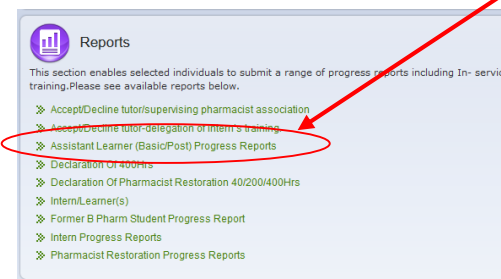
- Now select "Progress Reports – Assistants"



- Confirm your details again.

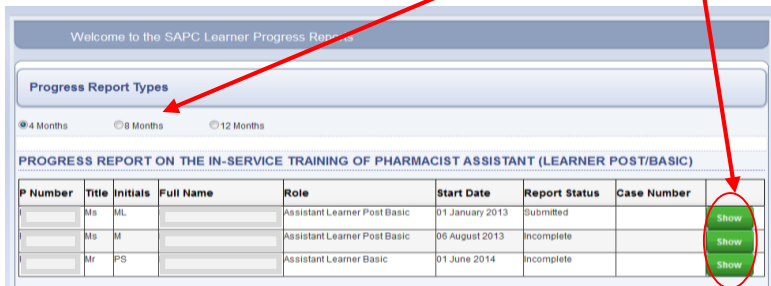


- Select the Assistant Learner (Basic/Post) Progress Reports in the Reports column.



- Select the progress report you want to submit. (4 months/8 months/12 months)

- Select the learner whose progress reports you want to submit by selecting “show”.

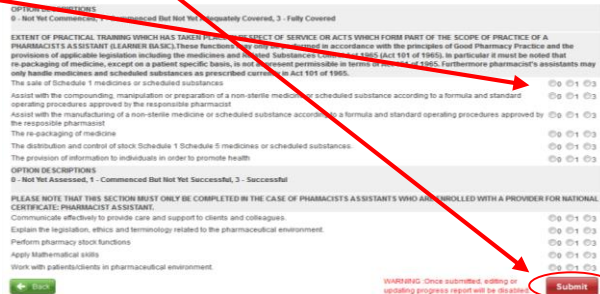


P Number	Title	Initials	Full Name	Role	Start Date	Report Status	Case Number
	Ms	ML		Assistant Learner Post Basic	01 January 2013	Submitted	Show
	Ms	M		Assistant Learner Post Basic	06 August 2013	Incomplete	Show
	Mr	PS		Assistant Learner Basic	01 June 2014	Incomplete	Show

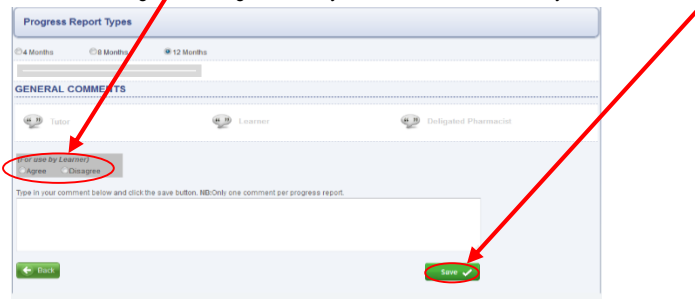
- When the learner’s details appear at the bottom, select “next”.



- Now rate the learner and select submit. (If it does not submit, check that you have answered all the questions)



- The learner must select “Agree”/”Disagree”, and you can add comments if you want to, then “Save”.



- Once you’ve clicked on “Save,” you are done and can log out.