



CERTIFICATE REQUEST FORM

Dear Learner

Congratulations

on completing the Dispensing Course for Healthcare Professionals!

Name and Surname	
Disp number	
MP Number if registered with HPCSA	
Contact number to be used by Courier Cell / Landline	
Email address	
Courier address for delivery of Certificate – Courier will phone before delivery. Please ensure you are available and the address provided is correct.	
Street name and number	
Suburb	
Town	
Province	
Physical postal code	

Please complete the attached course feedback form and email/fax it to the Academy at 086 506 8407. Please allow 14 working days for the certificate to be processed.

Please complete the attached questionnaire and submit both pages.

Kind Regards,
 Gertruida Van Wyk
 Tel: 018 788 2102 ext 403
 Fax: 086 506 8407
 Email: dispensing@sbuys.co.za

For office use only

Outstanding Fees: _____ Date completed: _____



DISPENSING FOR HEALTH CARE PROFESSIONALS: LEARNER POST-ASSESSMENT FEEDBACK

Dear Learner, _____ DISP: _____

The quality of our study material and service to our clients is very important 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 invaluable.

Please take a few minutes to complete this questionnaire and return it to S Buys Academy by faxing it to 086 646 3902. Thank you, we sincerely appreciate your co-operation.

Rating scale: 1 = Very Poor and 5 = Excellent

1. How would you rate the service you received from us when you called us to enquire about our Dispensing course (if relevant)?

1	2	3	4	5
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2. How would you rate the application and registration process?

1	2	3	4	5
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3. How soon after registration as a learner did you receive your study material?

1	2	3	4	5
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4. Rate the quality of the learning material for the Dispensing Course

1	2	3	4	5
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5. Was the content of the learning material clear and understandable?

1	2	3	4	5
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6. How would you rate the format in which the learning material was presented?

1	2	3	4	5
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7. Rate the quality of the workshops (if attended)

1	2	3	4	5
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8. How would you rate the assistance provided to you by the Academy staff during the learning process?

1	2	3	4	5
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9. Rate the feedback you received from the Academy after completing the Formative assessment.

1	2	3	4	5
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10. Rate the feedback you received after completion of the Summative assessment.

1	2	3	4	5
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11. How, do you think, can we improve our product and service?
