ASSESSMENT

BOOKING FORM

ASSESSMENTS
PHARMACIST'S ASSISTANT

		BOOKED						
	_	CONFIRMATIO						
Office us	DECLINE SEN							
		PAPER PRINT						
Presentation attended	YES:		NO:		•			
Assessor		Learner SAPC	Reg No					
Module status		Tutor SAPC Re	eg No					
Fees outstanding		Premises SAP						
Please note that if any of the registrations have expired, the learner will legally be unable to complete the summative assessment								

BASIC LEVEL

I wish to info	rm the S E	Buys	Acade	my th	nat I wou	ıld like t	o bod	ok the	sessior	as m	arked b	elow.				
Surname:							. Fir	rst Nan	nes:							
ID Number:							. As	sessm	ent Ce	ntre: .						
SECTOR:	CPS (RETAIL)		IPS (HOSPITAL) DPS (WHOLESALE)							MPS (MANUFACTURING)						
	LEARNER	Che	ecklist:	Tick t	to ensure	e everyt	hing i	is in or	der bef	ore su	bmittin	g your	bookin	g form		
Audio-visual o	question ansv	wers	emailed	to the	booking c	oordinato	r									
Tutor and Pre	mises active	at th	ne SAPC													
All course fee																
If you book fo						•										
If booking for	Session 2, th	ne as	ssignmer	t must	be compe	etent										
ONLY ONE (1) BOOKING PER FORM DATE:																
If the date writ									novt av	ailahla	data	DATE		Yes	No	
SESSION:	Session		Sessi	-	Session		Sessi		Sess			ion 6		ion 7	Session 8	
TITLE:	Language	Language & Number		Workp			Pharm. Customer		omer	Stock		Manu-		Self-		
***************************************	Comm		skills			Safety		hcare	service		Control		facturing		Enrichment	
TICK (ONE	ASS F	ASS RE ASS RE		ASS	RE /	ASS	RE	ASS RE		ASS	RE	ASS RE		ASS RE		
ONLY)																
					ATIVE A											
 IF THIS IS YOUR FIRST SUMMATIVE ASSESSMENT, ATTACH A COPY OF YOUR SAPC LEARNER REGISTRATION CERTIFICATE TO THIS BOOKING FORM. ATTACH THE COMPLETED "AUDIO-VISUAL ATTENDANCE DOCUMENT" TO THIS BOOKING FORM TO SHOW YOU WATCHED THE PRESENTATIONS. 									•							
					KIN	DLY CO	IFIRM	1 YOUR	DETAIL	.S:						
WORK TEL N	<u>10:</u>						FA	AX NO:								
CELL NO: EMAIL:																
Responsible to the factor of	AT incl.) per /AT incl.) per following: n time, if I a for the sum my comple signed off I	moduler ses m lation mation te poor	ule if the ssion if t te for the ve asses ortfolio ne tutor a	cance the can ssmen of evic and (2)	llation is no cellation is mative as t, I may be dence to the all module.	s less that sessment e refused the summalles of the	n 3 wo t, I wil d acce native e Forn	orking d ill not be ess to the essess	ays (Mo. e allowe ne room sment (0	– Fri. 0 d addit Contain nent ma	8:00 – 1 ional tin ing (1) a	6:00) beine, and all learn the tute	efore the if I show ing action and for	assessr v up mo vities ar	nent date re than I	e. half an
Signature learner: Date:																
					at least o											

Please check the calendar on the website (<u>www.sbuys.co.za</u>) for the year program for each assessment centre. Also, check the website for your booking coordinator's contact details and fax numbers/email addresses.

A booking confirmation will only be sent once the form has been checked.