

## Course Cancellation / Extension – Pharmacist’s Assistants

<b>I would like to:</b> (Select one)	<b>*Cancel</b> my course with S Buys Academy	<b>**Extend</b> my course for 4 months only	
<b>*Reason for cancellation:</b>			
<b>**Motivation for extension:</b> (Tick the applicable box)	The tutor left awaiting a tutor certificate for the new tutor		
	The tutor and Premises certificates expired		
	Changed pharmacy employer		
	Medical reasons – Attached is the medical certificate		
<b>Title:</b>			
<b>Surname:</b>			
<b>First name(s):</b>			
<b>ID number:</b>			
<b>Contact numbers:</b>	Home:		Work:
	Fax:		Cell:
<b>E-mail address:</b>			
<b>Address for correspondence:</b>	Address:		
	Postal code:		

I, ..... (full name and surname), the undersigned, am aware that:

- I can only apply for an extension once during the 18-month contract period, and the Academy is under no obligation to adhere to my request;
- If I apply for an extension, I am still liable for the monthly payment of my course fee if I selected payment options B, C or D;
- If I forfeit to pay the monthly instalments, the S Buys Academy will cancel my course, and I will then be liable for an administration fee before I may resume my studies;
- In line with Section 15 of the Protection of Personal Information Act, 4 of 2013, I hereby give my consent freely and voluntarily that the Academy, its data operators and its employees may collect, process, share and store my personal data obtained through this document to update my profile. The Academy and its employees may further share the information obtained to report on the progress of my studies to my coordinator or employer, or funder, as the case may be.
- 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.

\_\_\_\_\_  
Learner /Representative Signature:

\_\_\_\_\_  
Date:

**Please fax or e-mail to: 086 533 7347 or [apply@sbuys.co.za](mailto:apply@sbuys.co.za)**

Please note that the Academy will contact you to confirm the cancellation/extension.

Office use only		Date received:			
		Fees outstanding:		Course fees: R	Re-assessment fees: R
Called learner:	YES	NO	Learner agreed to monthly payments		Learner will not be able to do monthly payments during extension period
			Extend course	Name of manager:	
Action to be taken:	Cancel course		Signature:		
Action was taken on:	Pastel:	Docwize:			
Name:	Signature:				