Don't delay Enrol today



Time is running out!

The last date to register as a pharmacist's assistant learner basic or post-basic on the National and FET Certificate Courses is 30 June 2024



Dear Candidate 2024

PHARMACIST'S ASSISTANT COURSES

Introduction to course

S Buys Academy is an accredited training provider with the South African Pharmacy Council (SAPC) to present the National and Further Education and Training (FET) Certificate Pharmacist Assistance Courses. These courses are the prescribed requirements for registration as a Pharmacist's Assistant, Basic or Post-basic.

The pharmacist's assistant courses are in-service training courses and thus consist of two sections, which must be completed simultaneously. The first is the theoretical section, for which the Academy is responsible. The second section is the practical in-service training, for which the tutor is responsible.

Study material is structured into modules grouped into sessions and focuses on specific outcomes. All the training requirements, as prescribed by SAQA (South African Qualification Authority), have been incorporated into the course.

Depending on the pharmacy where a learner will be doing the in-service training, they will specialise in one of the four pharmacy sectors. These are Community (Retail), Institutional (Hospital), Distribution (Wholesale), or Manufacturing pharmacies.

The revised basic course (a requirement to enrol for the revised post-basic course) can be completed in a minimum of 12 months, and the revised post-basic course requires another minimum of 12 months. After completing each course, a learner will be registered with the SAPC as a qualified Pharmacist's Assistant (Basic) or (Post-basic).

Candidates working in a pharmacy's dispensary since before 2003 may apply for RPL (Recognition of Prior Learning). RPL allows candidates to be credited for skills and knowledge gained in the workplace. The Academy may be contacted telephonically (018 788 2102 / 2103) or via email (training@sbuys.co.za) for detailed information on RPL.

Minimum requirements

Candidates must adhere to the following minimum requirements to enrol:

National Certificate Basic Course:

- i. Grade 10 Certificate (with Maths/Maths Literacy and English)
- ii. Be employed in a pharmacy (Full-time)
- iii. The pharmacy must be registered as a training facility
- iv. A pharmacist who is willing to be your tutor and
- v. This pharmacist must be registered as a tutor (Only three learners per tutor)

• FET Certificate Post-basic Course:

- i. Registration with the SAPC as a Qualified Basic Pharmacist's Assistant
- ii. Be employed in a pharmacy (Full-time)
- iii. The pharmacy must be registered as a training facility
- iv. A pharmacist who is willing to be your tutor and
- v. This pharmacist must be registered as a tutor (Only three learners per tutor)
- vi. Optional: If an applicant submits proof that 50% or more was obtained for an official South African language other than English on NQF4 (e.g. matric certificate), exemption for session 1 will be granted.

Course Content: Revised Basic Pharmacist's Assistant course:

| Unit STD | Module | Modules per session | Credits |
|----------|----------|---|----------|
| | | Session 1: Basic language and communication skills | |
| 119457 | 1 | Interpret and use information from texts | 5 |
| 119465 | 2 | Write/present texts for a range of communicative contexts | 5 |
| 119467 | 3 | Use language and communication in occupational learning programs | 5 |
| 119472 | 4 | Accommodate audience and context needs in oral communication | 5 |
| | | Session 2: Basic number skills | |
| 9010 | 5 | Use of different number bases and measurement units | 2 |
| 9012 | 6 | Investigate life and work-related problems using data and probabilities | 5 |
| 9013 | 7 | Describe, apply, analyse and calculate shape and motion in 2- & 3-dimensional space | 4 |
| 7456 | 8 | Use maths to investigate and monitor financial aspects of personal, business and national issues | 5 |
| | | Session 3: Basic workplace safety understanding and skills | <u> </u> |
| 116520 | 9 | Apply safety, health & environmental principles and procedures in the workplace | 2 |
| 13915 | 10 | Demonstrate knowledge and understanding of HIV/AIDS in the workplace | 4 |
| 120496 | 11 | Provide risk-based primary emergency care/first aid in the workplace | 5 |
| 120430 | | ession 4: Basic pharmaceutical healthcare understanding and skills | |
| 256475 | 12 | Explain pharmaceutical concepts and terms | 5 |
| 256477 | 13 | Define health promotion in the South African context | 5 |
| | 14 | | 8 |
| 256485 | 14 | Apply ethical and legally compliant behaviour in pharmaceutical and health environments | 8 |
| | | Session 5: Basic customer service | |
| 256476 | 15 | Interact with clients in a health and pharmaceutical environment | 6 |
| 243680 | 16 | | 12 |
| | 17 | Take orders from customers (Only CPS, DPS & MPS) | |
| 256482 | | Sell products or services to clients in a pharmacy (Only CPS & IPS) | 6 |
| 114911 | 18 | Resolve customer queries/complaints (Only CPS & IPS) | 8 |
| 243712 | 19 | Address customer queries in a wholesale environment (Only DPS) | 10 |
| 050407 | 00 | Session 6: Basic stock control skills | 40 |
| 256497 | 20 | Receive, count and store pharmacy stock | 10 |
| 256479 | 21 | Monitor, handle and dispatch pharmacy stock | 7 |
| 117899 | 22 | Pick stock in a distribution centre (Only DPS) | 12 |
| 256478 | 23 | Pack pharmaceutical products (Only IPS & MPS) | 7 |
| 256484 | 24 | Display products in a pharmacy (Only CPS & IPS) | 6 |
| | 1 | Session 7: Basic manufacturing skills | 1 |
| 256480 | 25 | Define concepts and terminology related to large-scale pharmaceutical manufacturing (Only MPS) | 3 |
| 256483 | 26 | Weigh raw materials in large-scale pharmaceutical manufacturing (Only MPS) | 4 |
| 256481 | 27 | Manufacture pharmaceutical products on a large scale (Only MPS) | 12 |
| 256496 | 28 | Compound, manipulate, prepare and pack pharmaceutical products (Only CPS & IPS) | 12 |
| | , | Session 8: Basic self-enrichment skills | |
| 116945 | 29 | Use electronic mail to send and receive messages | 2 |
| 116931 | 30 | Use a Graphical User Interface (GUI)-based web browser to search the Internet (Only CPS, DPS & IPS) | 4 |
| 242811 | 31 | Prioritise time and work for self and team | 5 |
| 13912 | 32 | Apply knowledge of self and team in order to develop a plan to enhance team performance (Only DPS, IPS & MPS) | 5 |
| 244589 | 33 | Identify causes of stress and techniques to manage it in the workplace (Only CPS & IPS) | 2 |
| 244611 | 34 | Apply problem-solving techniques to make a decision or solve a problem in a real-life context | 2 |
| TOTAL CR | EDITS CF | PS (Community Pharmacy Sector) | 147 |
| | | PS (Distribution Pharmacy Sector) | 140 |
| | | S (Institutional Pharmacy Sector) | 147 |
| TOTAL CR | EDITS ME | PS (Manufacturing Pharmacy Sector) | 140 |

Course Content: Revised Post-basic Pharmacist's Assistant course:

| Unit STD | Module | Modules per session | Credits |
|-------------|----------|--|---------|
| | | Session 1: Basic language and communication skills | |
| 119457 | 1 | Interpret and use information from texts | 5 |
| 119465 | 2 | Write/present texts for a range of communicative contexts | 5 |
| 119467 | 3 | Use language and communication in occupational learning programs | 5 |
| 119472 | 4 | Accommodate audience and context needs in oral communication | 5 |
| | | Session 2: Advanced language and communication skills | • |
| 119459 | 5 | Write/present for a wide range of contexts | 5 |
| 119462 | 6 | Engage in sustained oral communication and evaluate spoken texts | 5 |
| 119469 | 7 | Read/view, analyse and respond to a variety of texts | 5 |
| 119471 | 8 | Use language and communication in occupational learning programmes | 5 |
| | | Session 3: Advanced number skills | • |
| 9015 | 9 | Apply knowledge of stats and probability to critically interrogate and effectively communicate findings on life-related problems | 6 |
| 9016 | 10 | Represent, analyse and calculate shape and motion in 2- and 3-dimensional space in different contexts | 4 |
| 7468 | 11 | Use mathematics to investigate and monitor the financial aspects of personal, business, national and international issues | 6 |
| | | Session 4: Advanced workplace safety understanding and skills | • |
| 242665 | 12 | Apply technical knowledge and skill in order to manage risk in occupational health and occupational hygiene | 8 |
| 256536 | 13 | Apply the principles of asepsis and sterility in a healthcare environment | 12 |
| 120348 | 14 | Demonstrate knowledge and understanding of basic toxicological principles | 3 |
| | | Session 5: Advanced customer service | |
| 256495 | 15 | Identify common conditions and ailments and provide information relating to health and medicine | 10 |
| 256557 | 16 | Issue prescribed medicines to a patient (Only CPS & IPS) | 15 |
| 114491 | 17 | Educate and work closely with the community with regard to STIs, including HIV/AIDS (Only CPS, DPS & IPS) | 10 |
| 118028 | 18 | Supervise customer service standards (Only DPS & MPS) | 8 |
| | | Session 6: Advanced stock control skills | |
| 256535 | 19 | Order and reconcile pharmaceutical stock | 8 |
| 256556 | 20 | Issue, dispatch, and receive returned specified scheduled medicines in a distribution centre (Only DPS & MPS) | 10 |
| | | Session 7: Advanced manufacturing skills | |
| 256555 | 21 | Implement quality assurance in a pharmaceutical manufacturing environment (Only MPS) | 10 |
| | | Session 8: Advanced self-enrichment skills | |
| 114589 | 22 | Manage time productively | 4 |
| 114215 | 23 | Mentor a colleague to enhance the individual's knowledge, skills, values and attitudes in a selected career path | 3 |
| 242819 | 24 | Motivate and build a team | 10 |
| 115855 | 25 | Create, maintain and update record-keeping systems | 5 |
| | REDITS (| CPS (Community Pharmacy Sector) | 144 |
| | | OPS (Distribution Pharmacy Sector) | 147 |
| | | PS (Institutional Pharmacy Sector) | 144 |
| | | MPS (Manufacturing Pharmacy Sector) | 147 |

Application process

- 1. This information pack includes an application form (S Buys Academy) and a registration form (SAPC).
- 2. Complete all fields on the application and registration forms and attach all requested documents (see checklist including proof of payment of R880 admin fee).
- 3. Candidates may email clear copies of the forms and supporting documents to the Academy.
- 4. The Academy will check that all documentation has been completed and are in order (the Academy will contact the applicant immediately in case of incomplete documentation).
- 5. Once everything is found to be in order, the applicant will be contacted by the Academy to make payment according to the payment option selected (see "Acknowledgement of Debt" form in the application pack) as well as SAPC registration fees (see below).
- 6. Once proof of payment for the course fees has been received, the applicant will be enrolled as a learner with the Academy and registered with the SAPC.
- 7. The learner's tutor will receive an SMS from the SAPC to approve the learner (by replying "Yes" to the SMS).
- 8. Once done, the Academy will complete the SAPC registration process and email the learner to confirm that the study material will be dispatched to the registered tutor.
- 9. If the study material needs to be couriered to an outlying rural area and the cost exceeds R100, the applicant will be contacted for alternative arrangements.

Facilitation Sessions & Summative Assessments

All facilitation sessions and summative assessments are conducted in English.

Per the resolution of the South African Pharmacy Council (SAPC), both courses include compulsory facilitation sessions. The SAPC requires attending at least 80% of these facilitation sessions to obtain the certificate. The Academy strongly recommends that ALL presentations be attended.

Facilitation sessions are available in two formats, namely:

- Audio-visual-recorded presentations are sent to learners with their study material on a dual flash drive. This
 flash drive can be connected to a smartphone, tablet, laptop, or desktop. The learner must complete an
 audio-visual attendance document per session and submit it to the Academy as proof of completing the
 audio-visual presentation for the specific session.
- Zoom facilitation sessions, conducted live by a facilitator for a specific session, are scheduled throughout
 the year. These are real-time alternatives to the audio-visual-recorded presentations. They are not
 compulsory but highly recommended if a learner requires an additional learning opportunity. Please note:
 The learner is responsible for the cost of the data needed to attend the Zoom presentation, and recordings
 of conducted Zoom facilitation sessions are not made available to learners.

Summative assessments are in-person contact sessions conducted in most of the main centres across South Africa (visit the Academy's web page on www.sbuys.co.za to see the full calendar). Additional assessment centres will be considered if volumes allow and an assessor is available. Each learner will receive a study letter with their study material.

Included in the Study Letter are booking forms to be used to book for summative assessments.

Sessions can be attended and booked in any order as they are not dependent on one another.

Registration with the SAPC

All professional personnel in a pharmacy must be registered with the South African Pharmacy Council (SAPC). The SAPC learner registration form is also attached to this document (right at the end). Please note to add/attach all required documents, including proof of payment of **R2 727** made to the SAPC.

Re-admission

The Academy offers the option to be re-admitted if the course was not completed within 14 months. The learner has to apply for an extended contract period of 6 months at an administration fee plus a fixed fee per credit not completed. (Fees are revised annually and applicable as of 1 January each year). Please note that learners studying through a learnership (HWSETA/CHIETA/WRSETA) are only allowed 12 months to complete the course.

Payment options for basic or post-basic courses (all prices VAT incl.):

Notwithstanding any option selected upon submitting the application form, proof of payment of **R880** (admin fee**) must also be submitted. This fee is non-refundable.

The fees for the course for 2024 are as follows:

- Option A: All fees once off: R24 427 (Including SAPC fees)
- Option B: 50% of course fees plus SAPC fees upfront and the balance in equal payments over 5 months: R25 167
- Option C: First instalment plus SAPC fees upfront and the balance in equal payments over 6 months: R25 387.
- Option D: First instalment plus SAPC fees upfront and the balance in equal payments over 11 months: R26 627.

See detail below:

| | | | All fees | Course fee first instalment | Monthly fees | | |
|--------|------------|--------------------------|--------------------------------|-----------------------------------|-------------------------|--------------------|-----------------------|
| Option | Total cost | S Buys Regs fee ** | Regs Regs fee Price excl. regs | | Books & certificate fee | Monthly instalment | Number of instalments |
| Α | R24 427 | R880 | R2 727 | R20 820 | R20 820 | R0 | 0 |
| В | R25 167 | R880 | R2 727 | R21 560 | R10 160 | R1 900 | 6 |
| С | R25 387 | R880 | R2 727 | R21 780 | R 3 630 | R3 630 | 5 |
| D | R26 627 | R880 | R2 727 | R23 020 | R 3 220 | R1 800 | 11 |

The price includes the following:

- ✓ All the learner's required study guides
- ✓ The tutor's tutor guide and formative assessment material
- A flash drive that provides all audio-visual-recorded presentations for distance learning facilitation sessions as required
- Additional Zoom presentation if the learner prefers it to the audio-visual presentations
- √ First-time summative assessments and
- ✓ Study period to a maximum of **14 months** with the option to re-admit.

General information

- Completed application and registration forms with all the requested documents and proof of payment (R880.00 admin fee) must be emailed (apply@sbuys.co.za) to the Academy.
- Please note: As part of the registration process, the tutor must accept the learner on the SAPC's website by logging into their profile. The S Buys Academy will send the tutor a WhatsApp or SMS to notify them to accept the learner. A penalty fee of R350 will be added to the learner's account if the Academy needs to re-load a tutor due to the tutor failing to accept the learner on SAPC's website within 6 days after receiving the notification.
- Application and registration forms will only be processed if completed with the following additional documents:

| | List of documents | | Check | | | | | | |
|----|---|--|-------|--|--|--|--|--|--|
| 1. | The pharmacy where in-service training with SAPC. | g will be done is registered as a training facility | | | | | | | |
| 2. | The tutor works in the same pharmacy | as above and is registered with SAPC. | | | | | | | |
| 3. | Completed S Buys application form and payment option selected on the page titled "Acknowledgement of debt." | | | | | | | | |
| 4. | The completed SAPC application form. | | | | | | | | |
| 5. | . A Certified copy of the learner's ID document | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | For: Basic course application: Proof of highest qualification (at least Grade 10 with Mathematics/Mathematical Literacy and English) | For: Post-basic course application: Proof of registration as Qualified Basic. Grade 12 Certificate (if the applicant received 50% or more for a language other than English) | | | | | | | |
| 8. | , , | | | | | | | | |

Banking details of S Buys Academy:

NAME OF ACCOUNT: S Buys Academy

BANK: ABSA BRANCH CODE: 632005 ACCOUNT NUMBER: 4054414695

REFERENCE NUMBER: ID number with Surname or TDA number

Contact details of S Buys Academy (018) 788 2102 / 2103

Please don't hesitate to contact us should you have any further queries.

Estelle Victor

Executive Manager: S Buys Academy

Attention

To avoid disappointment, please ensure that:

- The attached application forms (for S Buys Academy and the SAPC) are completed in full, the facility where in-service training will occur is registered, and the tutor has a valid certificate and capacity.
- The documents will reach S Buys Academy on 23 June 2024 at the latest.



Application for enrolment:

| TDA | |
|---------------------|--|
| For Office use only | |

| Course Information | narma | icist' | 's As | sistani | Col | urse | | For Office u | se only | | | | |
|---|-----------------------|----------|-------|-----------------|----------|--------|----------|-----------------------|----------|---------|----------|----|--------|
| Please indicate your pharmacy | Τ | | , | Institutional / | | | | | , | | | | |
| , | Community / Retail | | ' | Hospita | | | | ribution / olesale | | Man | ufacturi | ng | |
| sector: (Tick one) Course enrolled for: | (one) | | | 1 - | ost-ba | noio | VVIII | T | | _ | | _ | |
| | Dasic | | | 1 | 20SI-D8 | asic | | | | | | | |
| Have you completed any courses with similar unit standards? (Tick one) | NO | | YES | | f yes, p | oleas | e attach | proof to t | his app | licatio | on form. | | |
| Is this for an HWSETA learnership? | NO | | YES | | | | | | | | | | |
| If yes for above: (Tick one) | 18.1 | | 18.2 | | | | | | | | | | |
| Personal Information | 1 | | | | | | | | | | | | |
| Title: | | | | SAPO | P-n | umk | er: (if | available) | | | | | |
| Surname: | | | | 1 | | | (| <u></u> | <u> </u> | | | | |
| First name(s): | | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | | |
| Highest qualification: (If ABET is done, supply level) | | | l. | | | | Year | passed: | | | . | | |
| Race: (Tick one) | Black | | W | /hite | | Cold | oured | lr lr | ndian | | Asia | n | Т |
| Gender: (Tick one) | Male | | Femal | е | | | | | | | | | |
| Contact numbers: | Home: | | | 1 | | | Work: | | | | | | |
| | Fax: | | | | | | Cell: | | | | | | |
| Email address: | 1 1 | 1 1 | | | | | T T | | | | | | \neg |
| Courier address: (Pharmacy) | Addres | ss: | | | | | | Postal o | code: | | | | |
| Employer Information | | | | | | | | | | | | | |
| Employer: (Tick one) | Private | e secto | or: | | Pul | blic s | ector: | | | | | | |
| Name of pharmacy where | | | • | | | | | | | | | | |
| employed: | | | | | | | | | | | | | |
| If public sector: | Sub-d | istrict: | | District: | | | Region: | | | | | | |
| Name of Owner/Manager: | | | | | | | | | | | | | |
| Name & Surname of Tutor: | T-1 | 1 | | | | | l = | 1 | | | | | |
| Contact details of Tutor: | Tel: Cell: | | | | | | Fax: | | | | | | |
| (Cell no for WhatsApp) Email of Tutor: | Ceii. | | | | | | | | | | | | |
| Payee Information | | | | | | | | | | | | | |
| Amount paid (VAT incl.): | | | | | Date | of p | ayme | nt: | | | | | |
| Description of reference used: | | | | | | | | | | | | | |
| Who should be invoiced: (Tick one | | | Se | lf-funded: | | | Empl | oyer: | | Fι | under: | | |
| Name of the person or company to be | oe invo | iced: | | | | | | | | | | | |
| Company VAT number, if application | | | | | | | | | | | | | |
| Contact person in case of a com | | | | | | | | | | | | | |
| Contact details of payee: | | | | | | Cell: | | | | | | | |
| Email of payee: | | | | | | | | | | | | | |
| Address for correspondence: (Person or company to be invoiced) | Addre | SS: | | | | | | | | | | | |
| | | | | | | | | Postal | code: | | | | |
| If applicable, S Buys Wholesaler (You might be eligible for a discount if upfro | | | | r: | | | | | | | | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | , | | -, | | | | | | | | | | |

Applicant's signature:

Date:

Audio-visual options:

Presentations are provided as audio-visual presentations that are sent to learners with their study material on a dual flash drive that can be used on:

- a computer, i.e., laptop or desktop (audio or earphones should be used to listen to the audio); and
- a tablet or smartphone (inserted where the charger cable is inserted)

Look at the charging point of your smartphone or tablet. If it is a rectangle shape, mark "Type C" below. If it is the shape of a house with a flat roof, mark "Micro B" below. **Select one:** (Circle only one)



To be found on most smartphones and Android tablets



To be found on the latest Samsung smartphones and Apple phones & tablets

Assessment centre for summative assessments: (Mark only one with an X)

Select the assessment centre where you prefer to go and write your summative assessments. (Only one)

| <u> </u> | • | year presente ge ama mine year | | ante accessinemen (em) eme | |
|-------------------|------|--------------------------------|------|----------------------------|------|
| Assessment centre | Tick | Assessment centre | Tick | Assessment centre | Tick |
| Carletonville | | Bloemfontein | | Nelspruit | |
| Benoni | | East London | | Empangeni | |
| Parktown | | PE/Gqeberha | | Durban | |
| Pretoria | | George | | Pietermaritzburg | |
| Mokopane | | Goodwood | | Other (as per contract) | |

Information regarding fees

- 1. The learner is responsible for the payment of all reassessment fees.
- 2. The learner will be charged a cancellation fee for not attending a booked summative assessment.
- 3. In the unfortunate event of a learner being found guilty of any fraudulent activity regarding the course, the learner could be either suspended for three months and fined a penalty fee OR even expelled from S Buys Academy, in which case the entity liable for payment of the course fees will not be eligible for any refund.
- 4. In the event of the course being cancelled, the learner will be liable for a cancellation fee, which amounts to the following:
 - R880.00 (incl. VAT) admin fee, plus
 - R142.00 (incl. VAT) per credit completed, plus
 - R1 000.00 (incl. VAT) for learning material received.
- 5. **Please note:** Refund only applies if notice of the cancellation of the course is given in writing within the first 6 (six) months from the commencement date of the course. Refund is further subject to the learner not completing more than two sessions.
 - No course fees will be refunded if a learner is indefinitely suspended from S Buys Academy due to fraudulent activity.

PLEASE TAKE NOTE THAT NO INCOMPLETE APPLICATION FORMS WILL BE PROCESSED

Applications submitted without an admin fee will be destroyed within five working days.

CONTRACTUAL AGREEMENT

• I understand that it is my responsibility to notify the Academy within <u>5 working days</u> if there have been **any changes** in my personal or employer information, such as a change of contact details, change of tutor or change of pharmacy as a training facility.

- I take note that if new study material needs to be sent to me unless an alternative arrangement can be made for the study material to be sent to my tutor, I will be liable for the cost of courier fees exceeding
- I note that the Academy will not allow me to book my final summative assessment if there are any outstanding fees.
- I also understand that the Academy will be under no obligation to issue any final results if any amounts are outstanding on my account.
- 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 including future documents, such as booking forms, assessments and assignments, in the day to day business with regards to the completion of this course, to create a profile and update it from time to time. The Academy and its employees may further share the information obtained to report on the progress of my studies to my tutor, coordinator, employer, funder, or the South African Pharmacy Council, 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.

| The Academy may \square / may not \square (tick the relevant box) or products via email in future. | send me marketing information regarding new courses |
|--|--|
| Applicant's signature: | Date |
| training facility), Y (Y number of the training In line with Section 15 of the Protection of Personal that the Academy, its data operators and its employed data obtained through this document, including future to the completion of this course, to create a profile a employees may further share the information obtain coordinator, employer, funder, or South African Phare. I understand that my personal information, as recornand in full accordance with the Protection of Personal information I supply will be subject to the same stand. I understand that I may enquire about what personal information I supply will be subject to the same stand. | s a binding agreement upon the terms set out there the referred to as the Academy) when signed. in |
| The Academy may \square / may not \square (tick the relevant box) or products via email in future. | send me marketing information regarding new courses |
| Tutor's signature: | Date |
| Signed on behalf of S Buys Academy: | Date |



ACKNOWLEDGEMENT OF DEBT

| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--------|---|
| l, | (full name & surname), |
| | ersigned, do hereby acknowledge and declare myself to be truly and lawfully indebted to S Buys ny (Pty) Ltd (hereforth referred to as "the Academy") regarding the Payment Option as indicated below |
| | tick one of the options below). |
| piease | , |
| | PAYMENT OPTION A: |
| | I am enrolled in the true and lawful sum of R21 700.00 (VAT incl.) regarding money due and payable for the pharmacist's assistant course. |
| | I have paid the R880 admin fee. |
| | I hereby agree and undertake to repay the Academy the remainder of the course fees by paying R20 820.00 (VAT incl.) upon instruction of the Academy before being enrolled and registered with the SAPC. |
| | PAYMENT OPTION B: |
| | • I am enrolled in the true and lawful sum of R22 440.00 (VAT incl.) regarding money due and payable for the |
| | pharmacist's assistant course. |
| | I have paid the R880 admin fee. |
| | I hereby agree and undertake to repay the Academy the remainder of the course fees by: |
| | Paying R10 160.00 (VAT incl.) upon instruction of the Academy before being enrolled and registered with |
| | the SAPC; after that |
| | Paying six (6) consecutive monthly payments of R1 900.00 (VAT incl.) each. |
| | PAYMENT OPTION C: |
| | I am enrolled in the true and lawful sum of R22 660.00 (VAT incl.) regarding money due and payable for the |
| | pharmacist's assistant course. |
| | I have paid the R880 admin fee. |
| | I hereby agree and undertake to repay the Academy the remainder of the course by: |
| | Paying R3 630.00 (VAT incl.) upon instruction of the Academy before being enrolled and registered with |
| | the SAPC; after that |
| | Paying five (5) consecutive monthly payments of R3 630.00 (VAT incl.) each. |
| | PAYMENT OPTION D: |
| | • I am enrolled in the true and lawful sum of R23 900.00 (VAT incl.) regarding money due and payable for the |
| | pharmacist's assistant course. |
| | I have paid the R880 admin fee. |

the SAPC; after that

Paying eleven (11) consecutive monthly payments of R1 800.00 (VAT incl.) each.

I shall make all payments in terms of the Acknowledgement of Debt agreement to the Academy at Carletonville

Paying R3 220.00 (VAT incl.) upon instruction of the Academy before being enrolled and registered with

I hereby agree and undertake to repay the Academy the remainder of the course fees by:

I hereby agree that the Academy will:

• only courier my study material once I am enrolled and registered with SAPC, and

or such other place as the Academy shall in writing direct from time to time.

not allow me to write more than one session of summative assessment per month.

I hereby agree that the Academy may cancel my course if any instalment is not paid in full within 30 days of invoice without reimbursing paid fees. I acknowledge that I will be liable for a reinstatement fee of R880.00 plus all accrued outstanding fees as per the payment option if I wish to continue the course without any additional time granted.

This Acknowledgement of Debt is executed with respect to the total course fees per the chosen option's capital amount.

I will make payment as follows (please tick one of the options below):

| EFT transfer or Internet banking | g (preferred method) | |
|-----------------------------------|--|-------|
| Debit order per attached debit of | order document | |
| Cash deposit or cardless cash of | deposit at an additional administration fee of R40.00 per instalment | |
| | AT ON THIS DA IN THE PRESENCE OF THE UNDERSIGNED. | ·Υ OF |
| WITNESSES: | DEBTOR: | |
| 1 Signature | - Signature | |

Please note: Only complete this page if you want to pay by debit order.



DEBIT ORDER AUTHORITY SHEET

| TD/TDA | |
|---------------------|--|
| For Office use only | |

| Name of learn | er for | whom p | payment will | | | | | | | | | | |
|-------------------------------------|-------------------------|------------|---------------------|---------------|-------------|-----------|--------------------|---|------------|-----------|---------------|--------------|-------|
| be made: | | | | | | | | | | | | | |
| ID number of | | | | | | | | | | | | | |
| Account hold | er nam | e: | _ | | | | | | | | | | |
| Tel no: | | | Email addre | SS: | | | | | r | | | | |
| Bank name: | Bank name: Branch code: | | | | | | | | | | | | |
| Branch name: | : | | | | | | | | | | | | |
| Account num | ber: | | | | | Acco | unt | | | | | | |
| | | | | | | type: | | | | | | | |
| Debit transact | tion da | te: (Indi | cate the day of t | he m | onth) | | | | | | | | |
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| Attached is a let | | | | | | ` | | | | | | | |
| I, the undersigned | | | | | | | | | | | | | |
| the amount of R payment of the | | (a | nd in words) | | | | | | | , fo | r the | mor | nthly |
| payment of the | course | tees to | the pharmacis | t's as | sıstan | t cours | e or | n the | | day of | every | y mo | onth, |
| commencing | All ou | ob witho | (montn) | | () | ear) ar | oour | ontinuin | g until ti | ne final | Insta thou | ılmer | ונ סנ |
| the course fees personally signe | | | uawais IIOIII (N | e abc | we-86 | neu ac | cour | it Silali | ne liea | ieu as | แเบน | yıı ı | Hau |
| | | | | | | | | | | | | l: | |
| I understand tha | | | | | | | | | | | | | |
| as the Banksery | | | | stanc | that of | details (| of ea | ach with | drawal | will be p | rinte | ed on | ı my |
| bank statement | or an ac | ccompan | lying voucher. | | | | | | | ı | nitial | 1. | |
| I agree to pay a | ny bank | charge | e relating to this | dobit | t ordo | inetrue | rtion | and tal | ro noto : | | | : tv. wil | |
| charged in the e | | | | | | | | | NE HOLE | ιιαι α ρ | Cilaii | ty wii | ıı De |
| charged in the c | VOITE OF | moumore | nit rando apon ti | io dai | .0 01 11 | io dobit | . Ola | 01. | | ı | nitial | l: | |
| I may cancel this | author | ity by giv | ing S Buys Aca | demy | (Pty) | Ltd thir | ty da | ys' writt | en notic | | | | |
| shall not be entit | led to a | ny refund | d of the amount S | S Buy | s Acad | demy (F | ² ty) l | td has | | | | | |
| was in force in s | uch am | ounts le | gally owed to S I | Buys <i>i</i> | Acade | my (Pty | /) Ltd | d. | | | | | |
| 5 | | | | 'D. \ \ | | | | | | | | <u> :</u> | |
| Receipt of this in | nstructio | on by S I | Buys Academy (| Pty) L | _td sha | all be re | egar | ded as i | eceipt t | hereof b | y the | e abo | ove- |
| stated bank. | | | | | | | | | | ı | nitial | 1- | |
| I agree that S B | ivs Aca | demy (P | Ptv) I td. hereby a | authoi | rised t | n effect | the | drawing | n(s) ana | | | | |
| account, may no | | | | | | | | | | | | | |
| I may not delega | | | | | | | | | | | | | |
| consent of the a | uthorise | ed party. | | | | | | | • | | · | | |
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| SIGNED at | | | on the | day | v of | | | | | 20 | | | |
| SIGNED at | | | on the | ua | y Oi | | | • | | 20. | • • • • • | | |
| | | | | | | | | | | | | | |
| Authorised signa | atory of | above-s | tated account | | W | tness | | | | | | | _ |
| J | • | | | | | | | | | | | | |
| Name of signator | ry: | | | | | | | | | | | | |
| In their capacity | as: | | | | | | | | | | | | |
| F | OR OF | FICE US | E: | | | signature | e of | | | | | | |
| Telephone | | | Date: | ca | ller: | | Tim | ne of call: | | | | | |
| number : Spoken to: | | | | | | | Co | nfirmation | by | YES | | NO | |
| Oponeii iu. | | | | | | | | natory: | Dy | 123 | | 110 | |
| Comments: | | | | | | | Date | e confirmed | | YES | | NO | |



Form is valid for **2024** only

South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 3211479/92; E-mail: customercare@sapc.za.org

REVISED QUALIFICATION: APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANT LEARNER BASIC OR LEARNER POST-BASIC IN TERMS OF THE PHARMACY ACT 53 OF 1974

| | tink and complete in BLOCK CAPITALS. the application form, to be sent to SAPC on your behalf. | |
|---|---|---|
| Have you ever been registered with this Council in any capacity? | No Yes If yes, what was your account number? | |
| Application for registration as: | Pharmacist's Assistant (Learner Basic) P20 (Learner Post-Basic) P22 | |
| Surname/last name | | |
| Title | Initials (first names) | |
| First names in full | | |
| Identity number | | |
| Date of birth | | |
| Gender and race (refer note A) | Male Female Race Asian Black Coloured White | |
| Postal address | | |
| (Refer to notes B and C) | | |
| Bestetende de de | Postal code | Note A: You are requested to furnish gender and race particulars to enable the Council to measure |
| Registered address | | transformation in the profession. |
| | Street code | Note B: The postal address furnished herewith shall be deemed the applicant's registered address. All |
| | | correspondence and certificates will be posted to this address. |
| Cell Number | | Note C: A change of address must be submitted to the registrar within 30 |
| Courier address | | days of such change. Note D: The Council must approve |
| | Street code | the pharmacy and tutor for purposes of training before the assistant will |
| Fax number | (| be registered with the Council. Note E: This does not serve as notice |
| Email address | | of change of address of the tutor. |
| SECTION B: TRAINING PARTICUL | ARS OF APPROVED PHARMACY AND TUTOR | |
| Name of pharmacy/institution approved for training (Refer note D) | | |
| Pharmacy registration no: | MIII | |
| Sector of pharmacy | Private Sector Public Sector | |
| Branch of pharmacy | Institutional Community (nospital) (retail) Manufacturing Wholesale | |
| Tutor registration no: (Refer to note D) | Tutor account no: (if available) | |
| Tutor surname/last name | | |
| Tutor title | Tutor initials | |
| Tutor's registered postal address | | |
| | Postal code | |
| Tutor's Signature: | Application Date: | |

Date__

Applicant signature_____



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Tel: 0861 7272 00; Fax: 27 (12) 3211479/92; E-mail: customercare@sapc.za.org Form is valid for **2024** only

REVISED QUALIFICATION: APPLICATION FOR REGISTRATION AS A

| | ARNER BASIC OR LEARNER POST-BASIC Continued | | |
|---|---|--|--|
| Provider with whom registered for a S BUYS ACADEMY The S Buys Academy will | | | |
| Provider with whom registered for a certificate of qualification in | S A C A D E M Y The S Buys Academy will complete this on your behalf | | |
| pharmacy, e.g. HSA, S BUYS, etc | | | |
| Provider - Pharmacy Council | Applicant - reg | | |
| registration no. (if available) | 5 Note F: A certified copy is a photocopy of the original document, which has | | |
| SECTION C: SUPPORTING DOCUMENTATION A | ND APPLICABLE FEES been certified by a Commissioner of | | |
| Oaths declaring that it is a true copy of the original document. | | | |
| I, the above applicant, submit the following in support of my application: with a with a application form (Section A) differ from | | | |
| a) a <u>certified</u> copy of my identity document or passport (Refer to notes F and G) the documentary proof of identification (i.e. the name on the identity | | | |
| b) a delegation form (if actual in-service training is delegated to a pharmacist other than the tutor specified in Section B) document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary | | | |
| c) copy of the enrolment certificate issued by the approved, which will lead to a certificate of qualification in pharmacy (Issued by S Buys) evidence and an affidavit regarding the change of name. | | | |
| d) registration fee – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic): R2,447.00 (VAT incl.) - payable with the application (Refer note H) | | | |
| e) <u>annual fee</u> – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic): R280.00 (VAT incl.) - (Refer notes H) | | | |
| SECTION D: DECLARATION BY APPLICANT | | | |
| I, the above applicant, declare that: | | | |
| a) I herewith include all the applicable docum | nentation/fees mentioned in Section C above; | | |
| b) I comply with the requirements for registration as a pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic); | | | |
| c) I have not been found guilty of any offence | e under the Pharmacy Act, 1974, as amended; and | | |
| d) The information furnished herewith is true | and correct. | | |
| Applicant's Signature: Application Date: DD / MM / YYYY | | | |
| SECTION E: DECLARATION BY COMMISSION | ER OF OATHS | | |
| The abovementioned was SIGNED and SWORN TO before me at(Compulsory) | | | |
| (place) | | | |
| on thisday ofin the year, the deponent (applicant) having | | | |
| acknowledged that he/she knows and understands the contents of this declaration. | | | |
| SIGNATURE OF COMMISSIONER OF OATHS (Full names, capacity, address and contact details of Commissioner of Oaths) | | | |
| SAPC Electronic Payment Details | | | |
| Name of Beneficiary | South African Pharmacy Council | | |
| Name of Bank | Standard Bank of South Africa | | |
| Account type | Cheque account | | |
| Branch Code | 0 1 0 1 4 5 | | |
| Beneficiary Account number | 0 1 1 8 8 5 8 6 6 | | |
| Beneficiary Reference | Your account number ** with SAPC or ID and surname & initials. | | |
| PLEASE NOTE: | | | |
| 1. For first-time registration, only original applications will be accepted. Please do not fax or email applications if registering for the first time as a learner basic pharmacist's assistant. 2. This application is valid for 60 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation and fees/proof of payment of fees within 60 days of this application, the application will be invalid, and all fees (excluding annual fees) and application form, supporting documents and fees (please refer to item 1. above) 3. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above) 4. Cash, postal orders and cheques will not be accepted with any application form. 5. South African Pharmacy Council has a policy of zero tolerance for fraud and corruption. All fraud and corruption cases detected or reported will be investigated, and perpetrators will be | | | |

Date_____

Applicant signature_____