

P Please fill in P number

TDA Please fill in student number

Update of Learner's information for: Pharmacists' Assistant Course

Please note:

To change your details is done at no cost unless it is a change of SECTOR.

Only applicable to a change of sector. The following costs apply:

- An administration cost of R 880.00 (incl. VAT);
- Cost per credit for additional modules in the new sector – R85 per credit (incl. VAT); and
- Cost of a sector-specific tutor guide, if required – R370 (incl. VAT)

Please indicate your pharmacy sector: (Tick one)	Community / Retail		Institutional / Hospital		Distribution		Manufacturing	
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There are prescribed fees payable to the South African Pharmacy Council (SAPC) to change the sector in which a learner is registered. The change of sector must be done online via the learner's login. (Refer to www.sbuys.co.za Academy page for instructions)

Personal Information:

Title:																	
Surname:																	
First name(s):																	
Preferred name:																	
ID number:																	
Contact numbers:	Home:						Work:										
	Fax:						Cell:										
E-mail address:																	
Courier Address: (Pharmacy)	Physical Work:							Postal code									
Province:	Work:						Home:										

Employer Information:

Employer: (Tick one)	Private sector:		Public Sector:			
If public sector:	Sub-district:	District:		Region:		
Name of pharmacy where employed:						
Pharmacy Y no:						
Name of Owner/Manager:						
Title, Name & Surname of Tutor:						
SAPC P number of the tutor:						
Contact details of the tutor:	Tel:				Cell:	
	E-mail:					

Checklist for changes made on the SAPC website profile:

- Please note that it is a legal requirement to update changes regarding your details with the SAPC. Changes with SAPC must be done online via your SAPC profile.
- If you do not know how to do it, please visit the S Buys website, www.sbuys.co.za, go to the Academy page and download the relevant instructions.
- Please indicate on the checklist below what was **amended on the SAPC website** and the date on which you amended it.
- Please only send this S Buys update once the information has been amended on the **SAPC's website profile**.

Change	Amended	Date
Change of personal or contact details		
Change of tutor		
Change of premises		

CONTRACTUAL AGREEMENT

I, (full name & surname of applicant), the undersigned, declare that this document constitutes a binding agreement upon the terms set out there in between myself and S Buys Academy (Pty) Ltd (here forth referred to as the Academy) when signed.

- I understand that it is my responsibility to notify the Academy within **5 working days** if there have been **any changes** in my personal and/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 R110.
- 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 there are any amounts 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 or coordinator or employer or funder, or 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 / may not (tick the relevant box) send me marketing information regarding new courses or products via e-mail in future.

Applicant's signature: _____

Date _____

I, (full name & surname of tutor), the undersigned, declare that this document constitutes a binding agreement upon the terms set out there in between myself and S Buys Academy (Pty) Ltd (here forth referred to as the Academy) when signed.

- I declare that this applicant is employed full-time in (name of training facility), Y..... (Y number of the training facility) as stipulated.
- In line with Section 15 of the Protection of Personal Information Act, 4 of 2013, I hereby give my consent 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 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 my learner's studies progress to the coordinator, employer, funder, or 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 / may not (tick the relevant box) send me marketing information regarding new courses or products via e-mail in future.

Tutor's signature: _____ Date _____

Signed on behalf of S Buys Academy: _____ date _____

**Please fax or e-mail to:
086 569 0120 or apply@sbuys.co.za**