

NOTIFICATION OF SUMMATIVE ASSESSMENT INTENTION

| Name & Surname: | | | | | 1 | 1 | 1 | 1 | 1 | | | 1 | 1 | | | | |
|---|--------|---------|--------|---------|--------|--------|---------|---------|---------|---------|--------|--------|-------|---------------|--------------|-----|--|
| ID Number | | | | | | | | | | | | | | | | | |
| Disp no: | | 1 | 1 | 1 | | | 1 | 1 | 1 | - | - | | | | | | |
| Tel no: | | | | | | | | | | | _ | | | | | | |
| Cell no: | | | | | | | | | | | | | | | | | |
| Fax no: | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | |
| | | | | | | ldress | | | | | | | | _ | | | |
| <u>Confirmation</u> | of whe | en the | Sumn | native | Asses | ssment | will ta | ike pla | ice wil | l be er | nailed | to the | addre | <u>ss giv</u> | <u>en ab</u> | ove | |
| | | | | • | | | | | | | | | | | | | |
| I request to do my Summative assessment on the date proposed below. | | | | | | | | | | | | | | | | | |
| Date of Assessment: | | | | | / | | | / | | (| yyyy/m | m/dd) | | | | | |
| Time of Assessment: | | | : | | | (hh:m | m) | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| I want my summative assessment done at: | | | | | | | | | | | | | | | | | |
| The nearest assessment centre and date, as communicated to me | | | | | | | | | | | | | | | | | |
| A venue provided by n | | | | | | | | | | | | | | _ | | | |
| A venue provided by me with the invigilator as nominated (Complete details below) | | | | | | | | | | | | | | | | | |
| At S Buys Head office | in Car | letonvi | lle | | | | | | | | | | | | | | |
| | | | | | IN | VIGILA | TOR | DETA | AILS . | | | | | | | | |
| Name & Surname: | | | | | | | | | | | | | | | | | |
| Tel no: | | | | | | | | | | | | | | | | | |
| Cell no: | | | | | | | | | | | | | | | | | |
| Please email/fax the s | ummat | ive as | sessme | ent to: | (*only | , сотр | lete th | e relev | /ant in | fo*) | _ | | | | | | |
| Fax no: | | | | | | | | | | | | OR | | | | | |

(This is a 5-hour open book exam)

I hereby declare that I am ready for the Summative assessment in DISPENSING FOR HEALTHCARE PROFESSIONALS

Please write your email address in clear and easily readable block letters

Signature: _____

Email Address:

Date:

Please note the notification must be faxed to 086 457 4790 or emailed to <u>dispensing@sbuys.co.za</u> at least 10 working days before the assessment date for attention Gertruida – Tel no 018 788 2102/3

If you should be found Not Yet Competent (NYC) in the first Summative Assessment, please note that all future Re-Assessments will be charged at R 440 (VAT incl.) per assessment, which is payable before Re-Assessment can be done. Please fax proof of payment with the "Notification of Summative Re-Assessment intention" form using your learner number as a reference on the payment.

INDEPENDENT CONTRACT AGREEMENT:

Between

S BUYS ACADEMY (PROPRIETARY) LIMITED

(Registration no. 2001/023449/07) (Hereinafter referred to as "THE ACADEMY")

AND

(Hereinafter referred to as "THE CONTRACTOR")

The ACADEMY and the CONTRACTOR enter on the following terms and conditions:

1. CONFIDENTIALITY REGARDING SUMMATIVE ASSESSMENT

- 1.1 All Summative assessment tools are confidential and may only be disclosed to an invigilator contracted by the ACADEMY. No person (except an invigilator contracted by or appointed by the ACADEMY) is allowed to invigilate summative assessment sessions to any student without the Executive Manager's written consent.
- 1.2 By accepting this agreement, the CONTRACTOR undertakes to ensure the confidentiality of all summative assessment tools and to keep these tools secret and in confidence and not to pass on, disclose or make any summative assessment tool or similar matter available to any person other than assessors in the employ of the ACADEMY, on the written instruction of the Executive Manager of the ACADEMY.
- 1.3 Furthermore, the CONTRACTOR is responsible for ensuring the confidentiality of summative assessment tools in line with the CONTRACTOR'S day-to-day duties.

2. INTELLECTUAL PROPERTY AND COPYRIGHT

2.1. All training material is the intellectual property of the ACADEMY and is copyright protected. No CONTRACTOR is allowed to make copies of the summative assessment material without the written consent of the Executive Manager of the ACADEMY.

3. STANDARD TERMS AND CONDITIONS

- 3.1 The ACADEMY and the CONTRACTOR agree, subject to the terms and conditions as set out in this contract, that the CONTRACTOR shall render the following services:
 - 3.1.1 The CONTRACTOR shall perform the professional services of an Invigilator to the ACADEMY.
 - 3.1.2 The CONTRACTOR agrees to tender their services as the need arises from time to time, alternatively in accordance with the arrangements between the ACADEMY and the CONTRACTOR.
 - 3.1.3 The CONTRACTOR agrees to provide the ACADEMY with the summative assessment material within 15 minutes after the end of the summative assessment via fax/e-mail or courier the original within 24 hours.
- 3.2 The parties shall be bound to the terms of this agreement from the date of signature by the last party until the student(s), as stipulated in 3.3, has completed the dispensing course.

3.3 Learners to whom the CONTRACTOR will act as an invigilator:

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| Dispensing Number | Name | Surname | ID Number |
|-------------------|------|---------|-----------|
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- 3.4 The CONTRACTOR warrants that he is not a healthcare professional registered with the SAPC, HPCSA or SANC.
- 3.5 The CONTRACTOR agrees that the services to be rendered shall be rendered by themselves. That the rendering of such services shall not be subcontracted to any other entity or person unless the prior written consent of the authorised representatives of the ACADEMY has been procured. In particular, the ACADEMY has approved the identity of the sub-contractor.
- The CONTRACTOR shall not be liable for any failure to render any services as set in points 3.1.1 to 3.6 3.1.3 hereto if the reason for such failure is the result of vis major or any other circumstance which could not have reasonably been foreseen by a diligent and reasonable provider of such services in the position of the CONTRACTOR.
- No alteration or variation of this agreement shall be of any force or effect unless it is reduced to writing 3.7 and signed by the authorised representatives of both the Academy and the CONTRACTOR.
- 3.8 The parties agree that notice to be given by either party to the other for any reason arising under the terms of this contract shall be furnished at the following addresses:

| 3.8.1 | The ACADEMY at: | 3.8.2 | The CONTRACTOR at | |
|----------------|--|-----------|-------------------|----|
| | S Buys Business Park C/o Kaolin & Radium Streets CARLETONVILLE 2499 | | | |
| SIGNED at | | _ on this | day of | 20 |
| For the CONTR/ | ACTOR | As | WITNESS | |
| SIGNED at | | _ on this | day of | 20 |
| For the ACADEN | МҮ | As | WITNESS | |