



2023

Dear Healthcare Professional

RE-ADMISSION: DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS

Herewith are details of the Re-admission of the Dispensing Course for healthcare professionals presented by the S Buys Academy.

Please note, according to your contract with the Academy, you are allowed 12 months to complete this course. According to our system, your contract with the Academy has expired.

Attached, please find a re-admission form that will allow you an additional 4 months to complete the course. Re-admission is allowed for 4 months at a fee of R950.00 (VAT incl.) and:

- R80 (incl. VAT) per study unit outstanding for the formative assessment (Maximum R200);
- R440 (incl. VAT) per assignment outstanding;
- R440 (incl. VAT) per summative assessment or re-assessment.

The Academy will allow the re-attendance of a virtual one-day workshop at an additional fee of R500 (incl. VAT) if a learner wishes to do so. In such a case, the 4-months extension will only start on the day of the workshop re-attendance. Should you wish to re-attend the workshop, please indicate it on the attached re-admission form and complete the Notification of Workshop Attendance document.

Please note that proof of payment must be received before the re-admission document will be processed. Please fax or email proof of payment with your dispensing number as reference to 086 457 4790 or dispensing@sbuys.co.za.

Do not hesitate to contact us if you have any further queries.

Kind regards,

Estelle Victor

Executive manager: S Buys Academy

**Application for registration:
Dispensing for Healthcare professionals**

DISP <small>For Office use only</small>

Re-admission only:

Re-admission with workshop:

Personal Information:

Title:											
Surname:											
First name(s):											
ID number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Professional qualification:									Year obtained:	<input type="text"/>	
Occupation:											
Professional body registration no.: <small>(HPCSA / SANC)</small>											
Practice number:											
Race: (Tick one)	Black	<input type="checkbox"/>	White	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	
Gender: (Tick one)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>							
Contact numbers:	Home:	<input type="text"/>					Work:	<input type="text"/>			
	Fax:	<input type="text"/>					Cell:	<input type="text"/>			
Email address:	<input type="text"/>										
Address where study material must be sent: <small>(You must be available during working hours at this address to ensure delivery)</small>	Address:										
											Postal code:

Employer Information:

Employer: (Tick one)	Private sector:	<input type="checkbox"/>	Public Sector:	<input type="checkbox"/>						
Name of the practice of employment:	<input type="text"/>									
If public sector:	Sub-district:	<input type="text"/>			District:	<input type="text"/>			Region:	<input type="text"/>
Name of Owner/Manager:	<input type="text"/>									
Contact details of employer:	Tel:	<input type="text"/>				Fax:	<input type="text"/>			
	Cell:	<input type="text"/>				Email:	<input type="text"/>			

Payee Information:

Amount incl. VAT payable:	<input type="text"/>									
Who should be invoiced: <small>(Tick one)</small>	Self-funded:	<input type="checkbox"/>	Employer:	<input type="checkbox"/>						
Name of person or company to be invoiced:	<input type="text"/>									
Company VAT number:	<input type="text"/>									
Contact person at the company:	<input type="text"/>									
Contact details of payee:	Tel:	<input type="text"/>				Fax:	<input type="text"/>			
	Cell:	<input type="text"/>				Email:	<input type="text"/>			
Address for correspondence: <small>(Person or company to be invoiced)</small>	Address:									

Documentation to be attached to this application:

	List of documents	Check yourself	For office use only
1.	Copy of ID document		
2.	Proof of registration with a Professional Body (HPCSA or SANC)		
3.	Proof of payment of course fees		

PLEASE TAKE NOTE THAT NO APPLICATION FORM WILL BE PROCESSED WITHOUT ALL THE NECESSARY SUPPORTING DOCUMENTS OR INCOMPLETE INFORMATION.

CONTRACTUAL AGREEMENT

I,, the undersigned, declare that this document constitutes a binding agreement upon the terms set out therein 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 information.**
- I take note that unless an alternative arrangement can be made for my study material to be sent to me, I will be liable for the cost of courier fees exceeding R100.00.
- I take note that in case the Academy has to resend study material or certificates, I will be liable for the additional courier costs incurred.
- I take note that the Academy will not allow me to book for my final summative assessment if any fees are outstanding.
- 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 notification forms, assessments and assignments, in the day to day business with regard 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 co-ordinator or employer or funder, as the case may be.
- I understand that my personal information 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 about new courses or products via email in future.

Applicant's Signature: _____ Date: _____

Signed on behalf of S Buys Academy: _____ Date: _____

<p>For office use only: Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Registration number: _____</p>
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S Buys Academy

Pharmacy at SPAR

NOTIFICATION OF PRACTICAL WORKSHOP ATTENDANCE - 2023

Name & Surname

ID Number

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Disp no:

						R	X													
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Tel no:

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Cell no:

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Email address

Please write your email address in readable block letters
Confirmation of booking will be sent to the email address given above.

Workshop Information – via Zoom

You will need the following:

- Stable Wi-Fi connection; or
- Data, when using your cell phone, for at least 5 hours.

The practical workshop will be presented via “Zoom” on the following days; please tick the one you would like to attend:
(Select only one)

25-Jan-23	Wed	<input type="checkbox"/>		10-May-23	Wed	<input type="checkbox"/>		13-Sep-23	Wed	<input type="checkbox"/>
18-Feb-23	Sat	<input type="checkbox"/>		10-Jun-23	Sat	<input type="checkbox"/>		14-Oct-23	Sat	<input type="checkbox"/>
08-Mar-23	Wed	<input type="checkbox"/>		12-Jul-23	Wed	<input type="checkbox"/>		22-Nov-23	Wed	<input type="checkbox"/>
15-Apr-23	Sat	<input type="checkbox"/>		12-Aug-23	Sat	<input type="checkbox"/>		09-Dec-23	Sat	<input type="checkbox"/>

The Academy will send each learner:

- Additional notes to be used during the workshop session; and
- A Zoom link to use to “attend” the workshop.

Please indicate how you would like to receive the notes and link by completing either the email address OR cell number for WhatsApp (**Do not give a cell number if you do not have WhatsApp**).

Email:

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Cell no for What’s App

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I hereby confirm that I will be attending the practical workshop for the course: DISPENSING FOR HEALTHCARE PROFESSIONALS

Signature: _____

Date: _____

Please note:

The notification must be faxed (086 457 4790) or emailed (dispensing@sbuys.co.za) at least 5 working days before the workshop date.

Workshops booked for but not attended will incur a R660.00 (VAT incl.) cancellation fee