

Dear Healthcare Professional

READMISSION: DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS

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

According to our system, your contract with the Academy has expired.

Attached is a readmission form that grants you an additional 4 months to complete the course. Readmission is permitted for 4 months at a fee of R1 170.00 (VAT incl.) excluding access to the e-learning platform or R1 570 (VAT incl.) including access to the e-learning platform **plus**:

- R520 (incl. VAT) if the assignment was not submitted or was found to be not yet competent, and
- R520 (incl. VAT) if the summative assessment was not attempted or was found to be not yet competent.

If you want to re-review the pre-recorded presentations, please indicate it on the attached application form.

You will be activated from the 1st working day of the month following the month of readmission. Once the assignment has been submitted via email, you may book for the summative assessment. You have to be competent in both the assignment and the summative assessment before the S Buys Academy will issue the final certificate.

Please note that proof of payment must be received before the readmission document can be processed. Please email proof of payment, including your dispensing number as a reference, to dispensing@sbuys.co.za.

Please do not hesitate to contact us if you have any further questions.

Kind regards,

S Buys Academy



Application for registration:
Dispensing for Healthcare professionals

DISP

For Office use only

I want access to the pre-recorded workshop presentations at R1 570 (please tick your preference)	<input type="checkbox"/>
I do not want access to the pre-recorded workshop presentations at R1 170 (please tick your preference)	<input type="checkbox"/>

Personal Information:

Title:					
Surname:					
First name(s):					
Contact numbers:	Work:		Cell:		
Email address:					

Documentation to be attached to this application:

	List of documents	Check yourself	For office use only
1.	Proof of registration for 2025 with a Professional Body (HPCSA or SANC)		
2.	Proof of payment for readmission		

Payments can be made directly into our bank account:

Name of Account: S Buys Academy Bank: ABSA (632005) Account number: (Cheque) 40 54 41 46 95
Reference: Student Number / ID number

PLEASE 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 (hereinafter referred to as the Academy) when signed.

- I understand that it is **my responsibility to notify the Academy within 5 working days of any changes to my personal information.**
- I note that if the Academy has to resend 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 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 concerning 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 coordinator, employer, or funder, as the case may be.
- I understand that the personal information I recorded and stored by the Academy is protected in 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 the processing of my information and request its correction or deletion at any time.

The Academy may / may not) (tick the relevant box) send me marketing information about new courses or products via email in the future.

Applicant's Signature: _____ Date: _____

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

FOR OFFICE USE ONLY:					
Application approved:	YES	NO			Registration no: