

Course Cancellation

Occupational Certificate: Pharmacist's Assistant

Reason for cancellation: (Tick the applicable box)	Financial Reasons		
	Medical Reasons		
	Other (please specify):		
Title:			
Surname:			
First name(s):			
ID number:			
Cell number:			
E-mail address:			

I, (full name and surname), the undersigned, understand that:

- By cancelling my course, I will either be liable for the course fees calculated on a pro-rata basis by S Buys Academy for the course attended to date, or I will only receive a refund for the amount of course fees not used per pro-rata calculations.
- Should I wish to continue my studies, I will have to re-admit with the S Buys Academy, and a re-admission fee with pro-rata calculated course fees will be applicable.
- My registration as a learner Pharmacist's Assistant (Basic) with the SAPC is only valid for twelve (12) months from the date on my certificate. After twelve (12) months, my registration will expire, and I will have to reregister my profile with the South African Pharmacy Council (SAPC) should I want to continue my studies.
- 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 S Buys Academy, its data operators, and its employees may collect, process, share, and store my personal data obtained through this document to update my profile. The S Buys Academy and its employees may further share the information obtained to report on the progress of my studies to my coordinator, employer, funder, SAPC or Quality Council for Trades and Occupations (QCTO) as the case may be.
- I understand that my personal information, as recorded and stored by the S Buys 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.

Learner /Representative Signature:

Date:

Please e-mail sbafin1@sbuys.co.za

S Buys Academy will contact you to confirm the cancellation.

Office use only		Date received:			
FINANCE					
Learner amount due (if applicable):		Payment arrangements			
Academy amount refund (if applicable):		Refund arrangements			
Finance finalised by:		Date on which finance was finalised:			
ACTION TO BE TAKEN					
Change Status on Litmos	YES / NO	Date:		Name of Person:	
Lift Litmos Access	YES /NO	Date:		Name of Person:	
Action on Pastel	YES /NO	Date:		Name of Person:	
MANAGER SIGN OFF					
Name of Manager		Date:		Signature	