



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; E-mail: customer care@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2025 only

APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT PHARMACY TECHNICIAN DUE TO THE PRESCRIBED INTERNSHIP COOLING OFF PERIOD IN TERMS OF THE PHARMACY ACT, 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		PLEASE NOTE:							
SECTION A: APPLICANT'S PERSONAL PARTICULARS		<p>Note A: You are requested to furnish gender and race to enable Council to measure transformation in the profession.</p> <p>Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address. All correspondence and certificates will be posted to this address.</p> <p>Note C: A change of address must be submitted to the registrar within 30 days of such change.</p> <p>Note D: A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p>Note E: Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.</p> <p>Note F: This approval is subject to the following: 1) the intern must have completed the period of 365 days practical internship under an approved tutor in an approved pharmacy premises 2) the tutor must have submitted all progress reports 3) the intern must have submitted all required CPD entries and been successful in at least six CPD entries 4) the intern's previous employer must have terminated their internship contract.</p> <p>Note G: Fees are subject to change without further notification.</p>							
P number	P <input style="width: 100px;" type="text"/>								
Surname/last name	<input style="width: 100%;" type="text"/>								
Title	<input style="width: 50px;" type="text"/> Initials (first names) <input style="width: 50px;" type="text"/>								
First names in full	<input style="width: 100%;" type="text"/>								
Identity number	<input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>								
Date of birth	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>								
Gender and race (refer note A)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;">Male</td> <td style="width: 30px;">Female</td> <td style="width: 30px;">Race</td> <td style="width: 30px;">Asian</td> <td style="width: 30px;">Black</td> <td style="width: 30px;">Coloured</td> <td style="width: 30px;">White</td> </tr> </table>		Male	Female	Race	Asian	Black	Coloured	White
Male	Female		Race	Asian	Black	Coloured	White		
Postal address (refer notes B and C)	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Postal code <input style="width: 50px;" type="text"/>								
Physical address (refer note C)	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Street code <input style="width: 50px;" type="text"/>								
Cell number	<input style="width: 100%;" type="text"/>								
Courier address	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Code <input style="width: 50px;" type="text"/>								
Work telephone number	(<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>								
Fax number	(<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>								
E-mail address	<input style="width: 100%;" type="text"/>								
SECTION B: REASON FOR REGISTRATION									
Two (2) year cooling off period prior to attempt at the pre-registration examination									
SECTION C: DETAILS OF THE SUPERVISING PHARMACIST									
P number	P <input style="width: 100px;" type="text"/>								
Surname/last name	<input style="width: 100%;" type="text"/>								
Title	<input style="width: 50px;" type="text"/> Initials (first names) <input style="width: 50px;" type="text"/>								
First names in full	<input style="width: 100%;" type="text"/>								
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES									
I, the above applicant, submit the following in support of my application:									
a) a certified copy of my identity document or passport (refer notes D and E)	Mark with a ✓ <input type="checkbox"/>								
b) documentary evidence that the applicant has attempted the pre-registration examination seven (7) times and is unsuccessful	<input type="checkbox"/>								
c) documentary evidence that the applicant's employer has terminated their internship contract (refer note F)	<input type="checkbox"/>								
d) Annual fee: R711.00 (VAT incl.) payable with application (refer note G)	<input type="checkbox"/>								



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SECTION D: DECLARATION BY APPLICANT											
I, the above applicant, declare that: (a) I herewith include all the applicable documentation/fees mentioned in Section C above; (b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and (c) the information furnished herewith is true and correct.											
Applicant's Signature: _____	Application Date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
SECTION E: DECLARATION BY COMMISSIONER OF OATHS											
The abovementioned declarations were SIGNED and SWORN TO before me at _____ (place) on this ____ day of _____ in the year _____, the deponents (applicant) having acknowledged that they know and understand the contents of this declaration.											
SIGNATURE OF COMMISSIONER OF OATHS _____	STAMP (Compulsory) <i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i>										

SAPC Electronic Payment Details (If not yet captured on Council's financial system)	
Name of Beneficiary	South African Pharmacy Council
Name of Bank	Standard Bank of South Africa
Account type	Cheque account
Branch Code	0 1 0 1 4 5
Beneficiary Account number	0 1 1 8 8 5 8 6 6
Beneficiary Reference	Your account number ** with SAPC and surname & initials.

PLEASE NOTE:

1. This application is valid for 60 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation and fees/proof of payment of fees within 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited
2. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All fraud and corruption cases detected or reported will be investigated and perpetrators will be prosecuted accordingly.