Form is valid for **2026** only

APPLICATION FOR ACCREDITATION/APPROVAL AS A PROVIDER OF A COURSE LEADING THE OCCUPATIONAL CERTIFICATE: PHARMACIST'S ASSISTANT (BASIC), OCCUPATIONAL CERTIFICATE: PHARMACIST'S ASSISTANT (POST-BASIC) AND THE OCCUPATIONAL CERTIFICATE: PHARMACY TECHNICIAN

PARTICULARS OF THE APPLICANT

1. **Name of prospective Provider (institution, organisation, person):**

2. **Postal address:**

3. **Physical address:**

4. **Responsible Person:**

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

5. Contact details of Responsible Person:

Tel no.: _____
Fax no.: _____
Email address: _____

6. Shareholder information:

_____

_____

7. Enterprise size:

What is the enterprise size of the provider/business? (*Please supply evidence*)

	Tick appropriate box
Small provider (fewer than 50 employees)	
Large provider (more than 50 employees)	
Other (Elaborate below)	

_____

_____

_____

SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

	Tick appropriate box
(a) an electronic copy of the application (including supporting evidence)	

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(b) a complete accreditation/monitoring visit instrument for Skills Development Providers

(c) the fee for the evaluation of an application for purposes of approval as a provider (payable with application and including VAT):
Occupational Certificate: Pharmacist's Assistant (Basic) **R119 134.00**
Occupational Certificate: Pharmacist's Assistant (Post-Basic) **R122 921.00**
Occupational Certificate: Pharmacy Technician **R128 599.00**

(refer to notes below)

Note A: Please note that a registration fee of **R2 853.00 (VAT incl.)** is payable following approval as a provider

Note B: Please note that an annual fee of **R36 878.00 (VAT incl.)** is payable following approval as a provider

DECLARATION

I/We hereby declare that:

(a) Any education and/or training offered in terms of the regulations relating to the education and training of pharmacy personnel will be carried out in accordance with the conditions determined by Council in such regulations and agree that any proposals or claims made in this application may be monitored at any time at the discretion of Council.

(b) The information furnished herewith is true and correct.

Signature: _____

Name: _____

Designation: _____

Date of application: _____

PLEASE NOTE:

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

1. **Please request a proforma invoice for the fees payable.**
2. **This application is valid for 60 days from the 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 shall be rendered void and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.**