



APPLICATION FOR THE ACCREDITATION/APPROVAL AS A PROVIDER OF A SHORT COURSE IN TERMS OF THE PHARMACY ACT, 1974, (ACT 53 OF 1974), AS AMENDED

PARTICULARS OF THE APPLICANT

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

2. Postal address:

3. Physical address:

4. Responsible person:

5. Contact Details of Responsible Person

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

6. Shareholder information

7. Declaration

I/We hereby apply for approval as a provider of education and training in terms of the *Regulations Relating to Pharmacy Education and Training*

S:



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

and the *Regulations Relating to the Registration of Persons and the Maintenance of Registers* in terms of the Pharmacy Act 1974, (Act 53 of 1974) as amended.

I/We hereby declare that 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.

Note: In the event of change of ownership, the accredited provider may have to re-apply.

Signature: _____

Name: _____

Designation: _____

Date of application: _____

REGISTRATION/RECORDING AS A PROVIDER

The person/institution is the following legal entity.

Please tick in the appropriate box:

- The person/institution is registered with DoE

(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

- The person/institution is a –

Public higher education institution	<input type="checkbox"/>
-------------------------------------	--------------------------

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

Private higher education institution

Other

3. The person/institution is **registered** as a private higher education institution in terms of the Higher Education Act, 1997 if offering a level 5 or higher qualification with CHE (Council for Higher Education)

(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

4. Another ETQA has not granted accreditation or the person/institution has not applied for accreditation by another ETQA

(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

5. The size of the provider/business/enterprise is

(Please supply evidence)

Survivalist (0 Employees)

Small Provider (less than 50 employees)

Large Provider (more than 50 employees)

Other

6. The person/institution is registered with SARS

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

(Please supply evidence)

Complies	
Partially complies	
Does not comply	
N/A	

7. The person/institution is complying with the Occupational Health and Safety Act

(Please submit your certificate)

Complies	
Partially complies	
Does not comply	
N/A	

8. The person/institution is registered with UMALUSI if offering an NQF level 4 or below learning programme

(Please supply evidence)

Complies	
Partially complies	
Does not comply	
N/A	

STRATEGIC PLANNING

9. State the current **mission** and **purpose**. (Please supply evidence)

Signature_____

Date_____



10. A **strategic planning process** is in place which encourages and provides opportunities for participation at all levels in the organisation to include both short- and long-term plans that are consistent with the goals of the organisation.

(Please provide evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

11. An **operational plan** is in place.

(Please supply evidence)

Yes No

12. The plan includes the following **elements**:

(Please supply evidence)

- goal setting;
- human resource development;
- curriculum and instruction methodologies;
- the use of technology; and
- quality management systems.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Signature_____

Date_____



13. **Individuals** at all levels in the organisation are **involved** in the planning process.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

14. The **needs** of the **external customer** (e.g. the State, hospital and community pharmacies, the manufacturing industry, pharmacists) are identified, prioritised and used to provide direction for the organisation.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

FINANCIAL AND ADMINISTRATIVE RESOURCES

15 The person/institution has submitted the following

- a. Audited financial statements or
- b. Final declaration determine solvency

16 If an emerging provider please supply a Business Plan:

- c. The following administrative functions are in place
 - filing of all relevant documents on site
 - record keeping
 - outsourced agreements for bulk filing

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Signature_____

Date_____



QUALITY MANAGEMENT SYSTEM

17 **Quality management policies and procedures** define the providers quality aims, i.e. HR policies, Learner policies, Financial policies, Assessment policies, Learner Programme Development policies, Review policies certification policies, Internal audit/risk assessment and Administrative policies

(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

18. **Review mechanisms** which ensure that the defined quality management policies and procedures are applied and remain effective are in place.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

19. Reliable and valid **research** is incorporated into the quality management processes of the provider, to ensure continued improvement in course structure, content and presentation.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

20. The prospective provider has the **capacity** and **ability** to develop, deliver and evaluate learning programmes.

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customer@sapc.za.org

Form is valid for
2021 only

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

21. Appropriate policies and practices for student **entry, guidance** and **support** are in place.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

22. The **effectiveness of learning** is monitored regularly.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

23. Practices are **enhanced** in the light of what is learned from monitoring activities.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Signature_____

Date_____



24. Systems are in place to collect sufficient authentic, current and valid **evidence pertaining to the quality** achieved.

- Complies
- Partially complies
- Does not comply
- N/A

25. **Resources** necessary to meet quality expectations (including **financial, physical** and **staff competent** in learning facilitation and assessment) are or will be available
(Please supply evidence)

- Complies
- Partially complies
- Does not comply
- N/A

Financial Resources	Physical resources	Competent staff

26. Suitable resources are available and are used to **good effect**.

- Complies
- Partially complies
- Does not comply
- N/A

27. Effective mechanisms to review regularly how well courses, qualifications and standards meet **existing** and **potential learners' needs** are in place.

- Complies
- Partially complies
- Does not comply

Signature_____

Date_____



N/A

28. Mechanisms whereby facilitators of learning and assessment can register **apparent inadequacies** in the courses, qualifications and standards are in place.

Complies

Partially complies

Does not comply

N/A

29. A mechanism is in place to **report progress** against identified goals.

Complies

Partially complies

Does not comply

N/A

FACILITATORS OF LEARNING

30. There are appropriate **policies** and **practices** for **staff selection, appraisal** and **development**.
(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

Staff selection	Appraisal	Development

31. Facilitators of learning and assessment have the **requisite skills**. To be aligned with the unit standards with respect to requirements of facilitators from ETDP SETA.

Signature_____

Date_____



(Please supply evidence) CV's with evidence of experience in facilitation must be submitted

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

ASSESSMENT OF LEARNING

32. Appropriate practices for the **management of assessment** of learners are available.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Appropriate assessment instruments are available for evaluation

33. The prospective provider has the capacity and ability to produce **reports** on the learning process and progress of the learner when required.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

34. Assessments are **performed** by internal assessors with moderation by external moderators.

(Please supply evidence)

Complies	<input type="checkbox"/>
----------	--------------------------

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

Partially complies

Does not comply

N/A

35. Appropriate policies for the ongoing **training** and **accreditation** of assessors are in place.
(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

36. An **appeal process** is in place whereby candidates can seek independent assessment in cases of disagreements regarding the outcome of an assessment.
(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

37. The person/institution has a Policy and Procedure for Recognition of Prior Learning (RPL)
(Please supply evidence)

Complies

Partially complies

Does not comply

N/A

Signature_____

Date_____



QUALITY OF LEARNING PROGRAMMES

The following learning programmes will be offered

The learning material is available on site for evaluation

38. There is a complete **plan** for learning for each learning programme or module in the learning programme.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

39. Learning programmes are structured to permit **multiple entry** and **multiple exit**.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

40. Each learning programme will, where applicable, provide some type of **practical experience** related to the learner's training.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Signature_____

Date_____



41. Instructors use a **variety of teaching techniques** to meet the unique needs of the learner.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

42. Curriculum and instruction are **customised** for learning programmes as appropriate.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

43. There are formal **articulation** and/or **transfer agreements** with other providers.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

44. Learners are **aware of the expectation** for each learning programme through syllabus, attendance and safety requirements.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

45. In terms of the **provision of instruction** and training:

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

- instructors comply with established time lines;
- classes are regular, where appropriate;
- where applicable grades are submitted to Council promptly;
- records are updated regularly

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

46. Learning programmes are **linked to unit standards**, where available, and integrate theory and practice.

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

47. Suitable **learning and assessment processes** are utilised for the prescribed learning outcomes.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

48. Appropriate **policies and practices** for the management of off-site practical/work-site components of the learning are in place.
(Please supply evidence)

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>

Signature_____

Date_____



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

49. Equipment needed for this qualification is available

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

50. Mechanism/process is in place for learning programme evaluation by learners and provider

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

51. The person/institution has a system to record, maintain and update learner achievements

Please supply evidence

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>
Does not comply	<input type="checkbox"/>
N/A	<input type="checkbox"/>

52. The person/institution has a certification policy and procedure that is aligned with SAPC requirements

Complies	<input type="checkbox"/>
Partially complies	<input type="checkbox"/>

Signature_____

Date_____

Does not comply

N/A

53. Please supply Council with your Policy and Procedure for your marketing material and the tools that will be used.

SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

- a) documentary evidence as indicated in the form
- b) the fee for the evaluation of an application for purposes of approval as a provider (**payable with application**): **R39, 258.00 (VAT incl)**
- c) 4 copies of the application (including supporting evidence)

(refer notes A and B)

Note A: **Fees subject to change without further notification**

Please note that a registration fee of R2, 295.00 (VAT incl) is payable following approval as a provider

Note B: **In the event that the application is submitted after 1 June, an annual fee is also payable with the application for registration as a provider-**

- Annual fee **- R17, 449.00**

(Above fees are VAT inclusive)

DECLARATION

I, the above applicant, declare that:

- a) I herewith include (4 copies/sets) of the applicable documentation/fee(s) mentioned above; and
- b) The information furnished herewith is true and correct.

Signature_____

Date_____



South African
Pharmacy Council

The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

Page 18 of 22

**Applicant's
signature:**

**Application
Date:**

PLEASE NOTE: 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 SHALL BE RENDERED VOID AND ALL FEES (EXCLUDING ANNUAL FEE) THAT MAY HAVE BEEN PAID HEREWITH SHALL BE FORFEITED

Signature_____

Date_____

Check List for a Provider: ETQA accreditation requirements for providers as set out by SAQA <u>Name of applicant</u>			
Standard	Complies/ Partially Compliance/ Does not comply	Evidence	Comments
Provider is registered in terms of the following legislation: <ul style="list-style-type: none"> • Legal entity • DoE registration • SARS registration • Occupational Health and Safety Act (submit certificate) • Plus applicable legislation 			
Strategic Planning			
Quality management system including policies, procedures and review mechanisms: 1. Identify Business processes <ul style="list-style-type: none"> • HR policy <ul style="list-style-type: none"> - ETD staff: sufficiency and ratio - Adherence to LRA • Learner policy <ul style="list-style-type: none"> - entry requirements - fee structure - admissions policy - learner support - appeals procedure - workplace support • Financial policy <ul style="list-style-type: none"> - in line with General Acceptable Accounting Practice (GAAP) • Learning program 			

Signature _____

Date _____

<ul style="list-style-type: none"> - design - develop - deliver - evaluation • Policies and practices for the management of assessment, moderation and RPL <ul style="list-style-type: none"> - principles - frequency - role players - scope - method - instruments - appeals • Administration policy (all NLRD compliant) <ul style="list-style-type: none"> - record keeping - reporting • Certification (devolved) - compliance with certification policy – see checklist <p>2.Internal Audit (Outcome in the form of a report) 3.Management review</p>			
<p>Learning programmes culminating in specified registered standards or qualifications: development, delivery and evaluation and Ability to achieve the desired outcomes using available resources and procedures considered by the ETQA to be needed to develop, deliver and evaluate learning programmes which culminate in specified registered standards or qualifications:</p> <ul style="list-style-type: none"> • Material, if required evaluate material on site • Assessment • Assessment instruments • RPL • Evaluation of program • Assessors registration • Internal moderator registration • CV's of facilitators • Equipment required by qualification).	

Signature_____

Date_____

<ul style="list-style-type: none"> • Financial, administrative and physical resources <ul style="list-style-type: none"> - audited financial statements (not necessarily CA audited) • Financial declaration <ul style="list-style-type: none"> - to determine solvency • Emerging providers <ul style="list-style-type: none"> - exempt for 1 year - evaluate business plan to evaluate for viability - manage accreditation - do monitoring • Administrative <ul style="list-style-type: none"> - filing - record keeping - outsourced agreements for bulk filing • Physical <ul style="list-style-type: none"> - physical address - requirements in line with the outcomes of the qualification - SLA insourced 			
<p>QMS Staff selection, appraisal and development</p> <ul style="list-style-type: none"> • Policies <ul style="list-style-type: none"> - staff selection - staff appraisal - staff development • Practices <ul style="list-style-type: none"> - staff selection - staff appraisal - staff development 			
<p>QMS Learner entry, guidance and support</p> <ul style="list-style-type: none"> • Policies • Practices 			
<p>Management of off-site practical or work-site components</p> <ul style="list-style-type: none"> • Off-site is anything outside provider site or not by provider • Need a declaration from agent if it is off-site 			

Signature_____

Date_____

<ul style="list-style-type: none"> Contract with ToR and monitoring procedures included in the contract 			
Accreditation to another ETQA -granted accreditation applied for accreditation			

Signature_____

Date_____