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| **Application Form for Occupational Certificate: Pharmacist’s Assistant (Basic) 2025** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete the application form and sign the agreement below* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name/s |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | African | |  | | | | | | White | | |  | | | | | Indian | | | | | | |  | | | Coloured | | | | | |  | | | |
| Gender | Male | | | | | | |  | | | | | | | | Female | | | | | | | | | |  | | | | | | | | |
| Identity number |  |  | | |  |  | | | | |  | |  | |  | | |  | | | | |  | |  | | | | |  | |  | |  | |
| Address for correspondence | Work: | | | | | | | | | | | | | | | | | | Home: | | | | | | | | | | | | | | | | |
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| Contact numbers | Cell: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | | | | | | | | | |
| E-mail address (*please print*) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrolment criteria (Yes or No) | Matric | | |  | | | | | | Maths | | | |  | | | | | | | | Life or physical sciences | | | | | | | | |  | | | | |
| Size of laboratory coat | XL | | | | | | | | | L | | | | | | | | | | | | M | | | | | | | | | S | | | | |
| **Full-time employed learners** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Learners must complete this section if they are employed full-time in a pharmacy. It is not compulsory to be employed in a pharmacy, however, it is compulsory to do work experience modules in a pharmacy under the supervision of a tutor or preceptor.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of pharmacy/institution |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| Sector | Community | | | | | | Hospital | | | | | | | | | | | | | | Manufacturing | | | | | | | | Distribution | | | | | | | |
| Address of pharmacy/institution |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title, name and surname of tutor |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tutor email address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tutor approved by the South African Pharmacy Council (SAPC)? | | | | | | | | | | | | | | | | | | | | P | | | | | | | | No | | | | | | | |
| **Part-time learners** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Part-time learners will do knowledge and practical sessions first before being placed for workplace activities.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Documents to be attached** | | | | | | |  |
| Proof of qualification (Grade 12/ NQF 4) with maths and life or physical sciences | | | | | | |  |
| Copy of identity document | | | | | | |  |
| Proof of SAPC approval of tutor *(for employed learners)* | | | | | | |  |
| Proof of SAPC approval of pharmacy *(for employed learners)* | | | | | | |  |
| Proof of payment (*Deposit slip; full name, ID number or HSA number as the payment reference)* | | | | | | |  |
| **Course fees and payment details (mark both payment option and type of class)** | | | | | | | |
|  |  | Option 1  *Payable on registration* | | Option 2 | | Option 3 | |
| Contact face-to-face |  | R 29 950.00 | | R 16 475.00 on registration plus R 16 475.00 at 4 months after registration  Total course fee: R32 950.00 | | R 11 535.00 on registration and R 11 535 both 2 and 4 months after registration  Total course fee: R 34 605.00 | |
| Contact virtual |  | R 27 950.00 | | R 15 375.00 on registration plus R 15 375.00 at 4 months after registration  Total course fee: R30 750.00 | | R 10 765.00 on registration and R 10 765 both 2 and 4 months after registration  Total course fee: R 32 295.00 | |
| Distance with workshop |  | R 24 950.00 | | R 13 725.00 on registration plus R 13 725.00 at 4 months after registration  Total course fee: R27 450.00 | | R 9 605.00 on registration and R 9 605.00 both 2 and 4 months after registration  Total course fee: R 28 815.00 | |
| *A non-refundable R500.00 application fee is applicable to all options to be deducted from the course fee* | | | | | | | |
| Send invoice to *(mark one)* | | | | | | | |
| Learner |  | | Company | |  | | |
| Name and surname |  | | Name | |  | | |
| Tel |  | | Tel | |  | | |
| E-mail address |  | | E-mail address | |  | | |
|  | | | VAT number if applicable | |  | | |

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| Payment method | EFT | Credit card |
| Bank  Branch code  Account name  Account number | First National Bank  252045 (Lynnwood)  Health Science Academy  50631131815 | *Credit card payments can only be done when the owner of the card is present in person* |
| * Submit the application to [hsaenquiries@healthscience.co.za](mailto:hsaenquiries@healthscience.co.za) or [info@healthscience.co.za](mailto:info@healthscience.co.za) with the application fee of R500.00. * HSA will notify you if you met the enrolment criteria and if the application was successful. * Once the application is approved the minimum payment on registration is immediately payable to HSA before you can start classes. ONLY once payment is received will an enrolment certificate be issued. * All personal information will only be used for internal or legal purposes according to POPI ACT requirements. | | |
| *Please note that no application form will be processed without these documents or with incomplete information.* | | |
| **Health Science Academy reserves the right to make changes to courses without prior notification**. | | |



**AGREEMENT**

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that this application constitutes a binding agreement upon the terms set out herein between myself and Health Science Academy.

I understand that it is my responsibility to notify Health Science Academy within 30 days if there have been any changes in my personal, tutor/preceptor, premises and/or employer information.

I understand that the fees applicable to this course is due 30 days from the date of the invoice and the fee structure will be valid for the applicable financial year only. Failure to pay any invoice within the mentioned time period will lead to legal action by Health Science Academy. No fees paid will be refunded.

Non-payment of fees will result in results being withheld.

I understand that a rewrite fee will be applicable to any assessment that has been deemed *Not Yet Competent* (NYC) or *Not Enough Evidence* (NEE) by the assessor or moderator.

A re-registration fee will be applicable after the initial period of 12 months from the date of enrolment.

All theoretical classes can be attended either in-person or virtually. Practical classes must be attended **in person in Pretoria.**

I agree to the above terms and conditions, including payments due, that govern my application and I agree to be bound by them.

The information provided is true and correct.

HSA undertakes to collect and process your personal information in accordance with the requirements of the Protection of Personal Information Act, 4 of 2013.

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Signature of applicant Date

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Signature of tutor *(if applicable)* Date