



Pharmacy Council

Passport Size
photograph

REGISTRATION FORMS FOR PHARMACY SUPPORT STAFF

1.0 FACILITY DATA

- 1.1 Name of Pharmacy:.....
- 1.2 Location Address (H/No): GPS Code:.....
- 1.3 Suburb: Town:
- 1.4 District:..... Region:
- 1.5 Phone Number
- 1.6 Email Address

2.0 APPLICANTS DETAILS

- 2.1 Surname:
- 2.2 Other names:
- 2.3 Date of Birth:
(dd/mm/yyyy)
- 2.4 Practitioner Type: Pharmacy Technician:..... MCA:
- 2.5 PIN No.: Year of Registration.....
(For Pharmacy Technicians only)
- 2.6 Highest Educational Certificate (MCAs only):.....
(Attach evidence of highest educational certificate)
Year Obtained.....
- 2.7 Number of years of practice as a PT/MCA:
- 2.8 Phone Number:
- 2.9 Email Address:

3.0 OTHER PHARMACY SUPPORT STAFF IN THE FACILITY

No	Name (surname first)	Practitioner type (PTs/MCA)	Highest Educational background	Year of Qualification	Number of years of Practice

(Attach evidence of highest educational certificate of all support staff)

SIGNATURE OF APPLICANT: DATE

SUPERINTENDENT PHARMACIST ENDORSEMENT: DATE

STAMP

FOR OFFICIAL USE ONLY

REMARKS/RECOMMENDATIONS.....

NAME OF INSPECTOR:

SIGNATURE: DATE