



**Pharmacy Council**

Passport Size  
photograph

**PHARMACY TECHNICIAN LICENSURE APPLICATION FORM**

**\*PIN NUMBER**

**(A) PERSONAL DATA**

**TITLE**

**(Miss, Mr, Mrs)**

**\*I. SURNAME FIRST OTHER NAMES**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**II. FORMER/MAIDEN NAME (If any)**

**\*III. NATIONALITY**

**\*IV. DATE OF BIRTH (DD/MM/YYYY)**

**\*V. PERMANENT ADDRESS**

**RESIDENTIAL**

**POSTAL**

H/No.:	
Street No./Name:	
Area/Suburb:	
GPS Code:	
Town:	

**\*VI. TELEPHONE NUMBER**

**MOBILE:**

**VII. EMAIL ADDRESS**

**(B) EMPLOYMENT DATA**

**\*I EMPLOYER TYPE**

GOVERNMENT/QUASI-GOVERNMENT

PRIVATE INSTITUTION/COMPANY

**\*II AREA OF PRACTICE**

Hospital/MoH       Industrial Pharmacy       Community

Academia/Research       Pharmaceutical Marketing

Please State workplace details.....

**REGION**

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**DISTRICT**

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**\*(C) CONTINUING EDUCATION PROGRAMS ATTENDED**

(ATTACH COPIES OF CERTIFICATE)

	<b>PROGRAMME</b>	<b>DATES</b>
1		
2		

**\*(D) ATTACH EVIDENCE OF MEMBERSHIP OF A RECOGNISED NATIONAL PROFESSIONAL ASSOCIATION**

SIGNATURE: ..... DATE .....

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**FOR OFFICIAL USE ONLY**

REMARKS/RECOMMENDATIONS.....

NAME OF INSPECTOR: .....

SIGNATURE: ..... DATE .....