



## Pharmacy Council

### APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

Please complete the form in **BLOCK LETTERS**. After fulfilling all the requirements, return the form including all relevant documents to the Head Office or any of the Pharmacy Council Regional/Zonal offices. Fees paid are not refundable. Affix recently taken passport sized photograph.

#### SECTION 1: PERSONAL DATA

**TITLE**  **(Miss, Mr, Mrs)**

Passport sized  
photograph to be  
endorsed by referee

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

**II. FORMER/MAIDEN NAME (If any)**  **III. NATIONALITY (Attach proof of citizenship)**

#### IV. PERMANENT ADDRESS

##### RESIDENTIAL

##### POSTAL

H/No.:

Street No./Name:

Area/Suburb:

Town:

#### V. TELEPHONE NUMBER

#### VI. EMAIL ADDRESS

LANDLINE:

MOBILE:

**(B) EMPLOYMENT DATA**

**II EMPLOYER TYPE**

GOVERNMENT/QUASI-GOVERNMENT

PRIVATE INSTITUTION/COMPANY

**III AREA OF PRACTICE**

Hospital/MoH       Industrial Pharmacy       Community

Academia/Research       Pharmaceutical Marketing

Others, Please specify.....

**IV DO YOU WORK IN A COMMUNITY PHARMACY?**       Yes       No

**V NAME AND LOCATION OF COMMUNITY PHARMACY.....**

.....

**VI DO YOU OWN THIS PHARMACY?**       Yes       No

**VII NAME OF CURRENT EMPLOYER(S).....**

.....

**REGION**

**DISTRICT**

**SECTION 2: QUALIFICATION**

(Attach certified true copies of certificates, diplomas, degree etc)

<b>INSTITUTION</b>	<b>DURATION</b>	<b>QUALIFICATION OBTAINED</b>

**National Service**

(Attach certified true copies of National Service certificate)

<b>INSTITUTION</b>	<b>DURATION</b>	<b>NAME OF SUPERVISOR</b>

I enclose a registration fee of .....

**SECTION 3: DECLARATION BY APPLICANT**

I DECLARE that:

- 1. The information given in this form and in any supporting documents is true and accurate.
- 2. I have read, understood and will fully comply with procedures set out in the protocol for the voluntary register and the Practice Standards for Pharmacy Technicians issued by the Pharmacy Council.
- 3. I am applying to be listed in the Register of Pharmacy Technicians. I will comply with all relevant guidance issued by the Pharmacy Council and meet its continuing professional development requirements.

SIGNATURE:.....

DATE:.....

**SECTION 4: REFEREE'S DECLARATION**

*The referee should either be a Pharmacist, a Senior Civil or Public Officer not below the rank of a Principal Executive Officer, a Medical Officer or a Leader of a recognised religious body.*

I have known the applicant for ..... Years and certify that the information and documents submitted are true to the best of my knowledge.

Name..... Occupation Position .....

Signature ..... Postal Address.....

Date..... Telephone Number.....  
Official Stamp.

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**FOR OFFICIAL USE ONLY**

REMARKS/ RECOMMENDATIONS.....

NAME OF INSPECTOR: .....

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

Pharmacy Council Receipt No. .... Amount Paid .....

Registration Number ..... Date .....