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SPEL Programme for Link Pharmacies Training Course Application Form

Applicant's details

| | | | |
|------------------------------------------|--------------|--------------|---------------|
| Surname | | | |
| Name | | | |
| Title (Mr/Mrs/Ms/Dr) | | | |
| Race | | Male | Female |
| Highest qualification | | | |
| Identity number | | | |
| Employer – Pharmacy name | | | |
| Pharmacy address | | | |
| Position/job title | | | |
| Name to be written on certificate | | | |
| Address for correspondence | <i>Work:</i> | <i>Home:</i> | |
| Tel number | (h) () | (w) () | (cell) |
| Fax number | () | | |
| E-mail address | | | |

MODULES

Please indicate which modules you are enrolling for

Basic level

| | |
|----------------------------------------------|------------|
| Commercial | |
| Introduction to pharmacy and Link pharmacies | Compulsory |
| Basic selling skills | |
| Basic numeracy | |
| Basic displays in a pharmacy | |
| Telephone etiquette | |
| Customer care | |

| | | | | | |
|------------------|--|-----------|--|------------|--|
| Pharmacist name: | | P number: | | Signature: | |
|------------------|--|-----------|--|------------|--|

Health Science Academy (Pty) Limited reserves the right to make changes without prior notification

I hereby apply to be enrolled in the abovementioned course. I understand that:

- My personal data collected will be used for use by HSA to fulfil legal and accreditation requirements.
- No cheating will be tolerated and can result in suspension from the course without refund of fees paid.
- I will have 6 weeks per module to study and complete the questionnaire. Thereafter, a re-registration fee will be applicable.
- For each questionnaire, two attempts at the questionnaire will be allowed. Thereafter, a rewrite fee will be applicable.
- The pass rate for each module is 50% with 75% equalling a distinction.
- A certificate of competence will only be issued once I am competent in all assessments and all outstanding fees are paid.
- I agree to the above terms and conditions governing my application and I agree to be bound by them.

Signature of applicant

Date