



Commonwealth Pharmaceutical Association



Pharmacy Training and
Development Project
Medunsa Campus School of Pharmacy
University of Limpopo

DISTANCE LEARNING COURSE “The Management of Drug Supplies”

APPLICATION FORM

Please PRINT clearly using pen NOT pencil

PERSONAL DETAILS

Your Preferred Title:
ie (Mr, Miss, Mrs, Dr., Professor)

Family Name:

Forenames/Given names:

Name as you would like it appear on your Certificate:

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Date of Birth:Male/Female:

CONTACT DETAILS

Postal address for course materials:

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Preferred telephone number:

Preferred fax number:

Preferred email address:

CURRENT QUALIFICATIONS

Please provide completed qualifications:

On leaving school:.....

After leaving school:

Related to current employment:

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EMPLOYMENT DETAILS

Name of employing organisation:.....

Address of employing organisation:

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Title of current job:

Brief description of current job responsibilities:

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.....

.....
Signature of applicant

.....
Date

Employer's Confirmation

I hereby confirm that employment information provided by the above-named applicant is correct to the best of my knowledge.

.....
Signature of Manager/Supervisor

.....
Date

.....

Name of Manager/Supervisor
(please print)

