



SINGAPORE PHARMACY COUNCIL

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APPLICATION FOR PRE-REGISTRATION TRAINING

Pharmacists Registration Act 2007 (No. 48 of 2007)

*This application form is to be submitted to the Singapore Pharmacy Council **at least three days** before commencement of training.*

1. PERSONAL PARTICULARS OF TRAINEE

Name:	_____	NRIC/FIN No.	_____
Residence Address:	_____ _____		
Postal Code:	_____	Tel. No.	_____
Email:	_____	Mobile no.	_____
Pharmacy Qualification:	_____		
Date of Qualification or Passing Final Exam:	_____		
Name of University:	_____		

2. TO BE COMPLETED BY TRAINEE

I wish to inform the Singapore Pharmacy Council that I will undertake _____ weeks/months pre-registration training as required by the Singapore Pharmacy Council at the following approved centre:			
Name and Address of Centre:	_____		
Postal Code:	_____	Tel. No:	_____
Commence Date:	_____	End Date:	_____
Name of Preceptor:	_____	Date:	_____
Signature of Trainee:	_____	Date:	_____

3. TO BE COMPLETED BY PHARMACY MANAGER

I confirm that the above trainee will be receiving the required pre-registration training in my pharmacy/department/institution and I undertake to ensure that the trainee receives the training according to the training programme approved by the Singapore Pharmacy Council.

I also undertake to ensure that the evaluation form submitted by the preceptor at the end of training is truthful and accurate.

Name of Pharmacy Manager: _____

Signature of Pharmacy Manager: _____

Official Stamp of Centre: _____

Date: _____

4. FOR OFFICIAL USE

Fees Collected: _____

Receipt No: _____

Cheque Details: _____

Received By: _____