

<b>COURSE TITLE:</b>		<b>Are you applying for RPL:</b>		YES	NO	
<b>PERSONAL DETAILS</b> Please use full legal name				<b>DISABILITY DETAILS</b>		
Title (Mr, Ms, Mrs, etc)		Do you have a disability, impairment or long-term condition?		YES	NO	
Surname		If yes, please specify:				
Given Names		<b>QUALIFICATION DETAILS</b>				
Gender	Male		Female			
Date of Birth		Have you successfully completed a Degree, Diploma or Certificate?		YES	NO	
<b>Address for correspondence</b>				If yes, please tick below		
Number & Street		Bachelor Degree or Higher				
Suburb/Town		Advanced Diploma or Associate Degree				
State		Diploma or Associate Diploma				
Postcode		Certificate IV or Advanced Certificate				
Home Phone		Certificate III or Trade Certificate				
Mobile Phone		Certificate other than above				
Business Phone		<b>SECONDARY SCHOOL QUALIFICATIONS</b>				
Email		What was the highest level of schooling completed?				
Emergency Contact		Year completed?				
Phone		<b>ORIGIN: ARE YOU OF (please circle one only)</b>				
<b>LANGUAGE DETAILS</b>		1 Aboriginal origin		3 Aboriginal and TSI origin		
How well do you speak English? (circle)		2 Torres Strait Island, TSI origin		4 Not of Aboriginal or TSI origin		
VERY WELL	WELL	NOT WELL	NOT AT ALL			
Do you speak another language at home?		Yes	No			
If Yes, which please specify:						
<b>EMPLOYMENT DETAILS</b>						
What is your employment status? (circle)		Full time	Part time	Employer	Self employed	Other:
Employer						
Supervisor Name (if applicable)						
Number and Street				Postcode	State	
Suburb / Town				Business Telephone		
Business Email						
<b>CANDIDATE DECLARATION</b>						
I hereby agree to pay all fees and charges applicable to and arising from this enrolment unless fees and charges are to be paid by my employer.						
I hereby agree to abide by the policies and procedures of the Pharmaceutical Society of Australia.						
I authorise the Pharmaceutical Society of Australia to release information regarding my enrolment to my employer.						
I authorise the Pharmaceutical Society of Australia to release information regarding my enrolment to any Government Department and other parties when the Pharmaceutical Society of Australia is legally obliged to do so.						
I declare that the information supplied on this enrolment form is correct and complete.						
I was adequately informed of the requirements and expectations of the course prior to enrolment.						
If you have any comments or suggestions for improvement for the Student information or enrolment process then please write them here.						
.....						
.....						
.....						
<b>Signed:</b>		<b>Date:</b>				

**PAYMENT DETAILS**

- Applicant is an Affiliate Member of PSA. *Affiliate Member No.:* \_\_\_\_\_
- Applicant is applying for PSA/Affiliate Membership (*Application has been faxed/mailed to National Office, ACT*).

Please tick the course(s) in which you are enrolling:

✓	Course*	Total Cost	Send payment to
	<b>SIR20107 Certificate II in Community Pharmacy (by 'Assessment-Only')</b> PSA Affiliate Members .....\$495 Non-members .....\$695		Fax to: (03) 9389 4044, <u>or</u>  Post to: Community Pharmacy Certificates Pharmaceutical Society of Australia Level 1, 381 Royal Parade, PARKVILLE, VICTORIA, 3052  ABN 49 008 532 072
	<b>SIRPPKS001A Support the sale of pharmacy and pharmacist only medicines ('Assessment-Only')</b> PSA Affiliate Members .....\$110 Non-members .....\$150 <b>+ eLearning training material (CD-ROM) – (No charge):</b> please tick if you would also like this to be supplied..... <input type="checkbox"/>		
	<b>SIR30107 Certificate III in Community Pharmacy</b> PSA Affiliate Members .....\$2,000 Non-members .....\$2,600		
	<b>Individual units (Certificate III in Community Pharmacy)</b> PSA Affiliate Members .....\$110 x No. units Non-members .....\$150 x No. units <i>(please complete next page, to select units)</i>		

Study Reason	Study reason
To get a job	To develop my existing business
To start my own business	To try for a different career
To get a better job or promotion	It was a requirement of my job
I want extra skills for my job	To get into another course of study
For personal interest or self development	Other reasons

Please enclose a cheque or money order for payment in full together with the completed application form

- Cheques to be made out to: *Pharmaceutical Society of Australia Ltd.*
- OR please debit my Visa/MasterCard/American Express number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp Date (mm/yy): \_\_\_\_\_

Name on card:

\_\_\_\_\_

Signature:

Date:

\_\_\_\_\_

Send Tax Invoice/Receipt to (please circle):      Pharmacy      |      Student

Please tick this box if you do not wish to receive any further marketing materials from PSA or other third party.

\*NB. Prices are subject to change.

**APPLICATION FOR INDIVIDUAL UNITS of Certificate III in Community Pharmacy**

If applying for study of *individual* units under the Certificate III qualification, please tick which unit/s you would like to study below. If you tick more than eight, you will be charged for the full course. The cost of each unit is: \$110 per unit for Affiliate Members and \$150 for non-members.

UNIT ID	UNIT TITLE	'✓' TO SELECT
HLTCSD306B	(CORE) Respond effectively to difficult & challenging behaviour	
SIRPPK2010A	(CORE) Assist in the management of Pharmacy & Pharmacist-Only medicines	
SIRXSL004A	Build relationships with customers	
SIRPDIS003A	Assist in dispensary operations	
SIRPDIS004A	Assist in dispensary stock control	
SIRPDIS005A	Assist in preparing dose administration containers	
SIRPPKS011A	Provide information, products & services on asthma	
SIRPPKS012A	Provide information, products & services on blood pressure	
SIRPPKS013A	Provide information, products & services on complementary medicines	
SIRPPKS014A	Provide information, products & services on diabetes	
SIRPPKS015A	Provide information, products & services diet, nutrition and weight management	
SIRPPKS018A	Provide information, products & services on smoking cessation	
SIRPPKS019A	Provide information, products & services on women's & men's health	
SIRPPKS020A	Provide information, products & services on wound care	

**If you are enrolling in Community Pharmacy you must have the section below completed by the Supervising Pharmacist:**

**SUPERVISING PHARMACIST DECLARATION**

I confirm that the pharmacy named above is registered by the Pharmacy Board in this State and is a Medicare Australia approved pharmacy# in regard to the dispensing of prescriptions. I am willing to act as the supervising pharmacist for the above student during their completion of their studies and to undertake all the appropriate and necessary functions in this capacity, such as completing the log book at the appropriate times.

I confirm that the pharmacy named above adheres to all State and Commonwealth laws and legislation regarding Occupational Health & Safety; Access & Equity; Workplace Harassment, victimization and bullying; Anti-Discrimination including equal opportunity, racial vilification and disability discrimination. (#Applies to community pharmacies only.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the student is under 18 years old, Supervising Pharmacist must also complete the following:

**Prohibited Employment Declaration**

Under the requirements of the Child Protection (Prohibited Employment) Act 1998 Supervising Pharmacists with students under the age of 18 under their supervision are required to disclose whether they are 'prohibited persons'.

I declare I am not a Prohibited Person.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_