

Annex C. USAID/SIAPS Course Application Form



PLDP COURSE APPLICATION FORM

Please complete in full using block letters

Course Name		Date of course (See schedule)
First Name(s)	Surname	Gender
Preferred Full Name for use on Certificate		Pharmacy Council Registration Number
Dietary Needs (Halaal, Kosher, Vegetarian, None)		
Designation (e.g. District Chief Pharmacist, Pharmacy Manager etc.)		
Facility Name		Facility Telephone number
Applicant telephone number (land line)		Applicant mobile phone number
Applicant e-mail address		Applicant postal address
I hereby agree that should my application be successful, I will complete the full duration of training, including any follow up sessions and/or assignments within the stipulated time frames.		
Signature _____		Date: _____