



**PHARMACEUTICAL SOCIETY OF
SINGAPORE (PSS) CERTIFIED
PHARMACY ASSISTANT COURSE
(ENROLMENT FORM)**

**WSQ HIGHER CERTIFICATE IN
HEALTHCARE SUPPORT (PHARMACY
SUPPORT)**

Pharmaceutical Society of
Singapore
Alumni Medical Centre, 2 College
Road, 2nd Level, Singapore
169850
Tel: +65 6221 1136 Fax: +65 6223 0969

Email: admin@pss.org.sg Homepage: www.pss.org.sg

(1) Applicants Personal Particulars

Title: : Mr Mrs Ms Others

Name * :
(Name as in NRIC/FIN/Passport. Underline Surname. Full name will be used for registration and certificates.)

NRIC/FIN/Passport * :

Nationality * :

Race * :

Address * :

Postal Code * :

Date of Birth * :
DD MM YY

Gender * :

Contact Number * : Hp:

Email Address * :
The above will be used for electronic correspondence

(2) Educational and Professional Qualifications

Highest Educational Qualification (Full Title of Subject)	From Year to Year Obtained
Professional / Vocational Qualifications (Full Title of Subject)	From Year to Year Obtained

Please attach a copy of your certificate for verification

(3) Current and Past Employment Details

Name of Current
Institution *

:

Designation *

:

No. of years of
working
experience *

:

Salary range *

:

\$ 0 - Unemployed
\$1000 and below

\$1000-\$1499
\$1500-\$1999

\$2000-2999
\$3000 & Above

Name of Past
Institution *

:

Designation *

:

No. of years of
working
experience *

:

Salary range *

:

\$ 0 - Unemployed
\$1000 and below

\$1000-\$1499
\$1500-\$1999

\$2000-2999
\$3000 & Above

Please tick where appropriate:-

I am currently working in a pharmacy department as a pharmacy assistant. [**Retail Pharmacy / Hospital Pharmacy / Polyclinic Pharmacy/ Others (pls specify)- _____**]* P/s circle

I am currently working in a clinic as a clinic assistant.

I am currently not working in a pharmacy/ clinic.

(4) Emergency Contact

Full Name : _____

Relationship : _____

Contact Number : _____

Address : _____

(5) Terms and Conditions for enrolment

- Payment should be made at least 2 weeks before course commence upon confirmation. Should payment for course did not received 2 weeks before course commencement, your enrolment will be cancelled.
- Course fees are non-refundable and non-transferable to any third parties.
- Withdrawal from the course is permitted with an official written notice given at least 2 weeks before the course starts. A cheque refund will be made.
- Withdrawal from course given less than 2 weeks notice is not permitted unless there is a valid reason e.g medical issues.
- The management of PSS reserves the rights to postpone or vary the courses due to laboratory availability or circumstances warranted. Candidates who could not make it for the rescheduled date(s) will be given a choice to make up for the missed session by making an official request with the management or alternatively, the next few lessons may be extended accordingly to replace the missed time.
- There is a minimum requirement of 75% attendance rate. Failure to do so will not be awarded any Statement of Attainment (SOA) issued by Singapore Workforce Developmental Agency (WDA) and would not be entitled for the SDF grant.
- In cases of no show on assessment dates assigned at the start of the class and no prior arrangement to book for assessment with PSS training manager or the trainer within a month from the scheduled assessment date, the candidate will be deemed "Not-Yet-Competent" (NYC) and this will be reflected in the WDA SkillsConnect system.

(6) Declaration(s) to be signed by all applicants

- a. I agree to allow Pharmaceutical Society of Singapore to process my personal data contained in this form and other personal data that the society may obtain from me.
- b. I agree to the retention and disclosure of such data for normal academic and administrative purposes in accordance.
- c. I hereby accept and understand the Course Terms and Conditions for enrolment.
- d. I have read and understood the course policy clearly.

Signature of Applicant: _____

Date: _____ :

(7) Employer's Declaration and Consent *

**Section 7 to be filled for candidates sponsored by organization and for candidates who are currently working in a pharmacy/ clinic.*

Name of employee : _____

Company Name: _____

Designation of employee: _____

Name of HR Contact: _____

HR Contact Email: _____

HR Contact Number: _____

Declaration:

We hereby declare that _____ (Name of employee)

_____ (IC Number) is currently employed at our company as the above designation stated.

Name and NRIC number of
Company Representative

Signature of Company Representative

Company Stamp

For Official Use

Completed application form duly signed and dated by applicant :

Processed Date : _____ Processed By: _____

Payment Mode : Cheque/ GIRO/ iBanking/ ATM transfer / Cash (accepted at PSS office only)

Eligible for CPTC : Yes No

Receipt Number: _____ Dated: _____

Invoice Number: _____ Issue date: _____

Remarks: