



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

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

Pharmaceutical Society of  
Singapore  
2985 Jalan Bukit Merah  
#02-2B, SMF Building,  
Singapore 159457  
Tel: +65 62592313 Fax: +65 62592393

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-\$1499        \$2000-2999      
 \$1000 and below                          \$1500-\$1999        \$3000 & Above   

Name of **Past**  
Institution \*

:

\_\_\_\_\_

Designation \*

:

\_\_\_\_\_

No. of years of  
working  
experience \*

:

\_\_\_\_\_

Salary range \*

:

\$ 0 - Unemployed                          \$1000-\$1499        \$2000-2999      
 \$1000 and below                          \$1500-\$1999        \$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**

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

Relationship : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Address : \_\_\_\_\_

**(5) Terms and Conditions for enrolment**

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- 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

**(8) Registration for Certain Modules Only\***

**(\*Subjected to availability and for a limited number of candidates)**

Module Code (e.g HC 8)	Module Title (Kindly refer to HC Annex 1 for details)	Course Fees (Kindly refer to HC Annex 2 for details)

**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 onl )

Eligible for CPTC : Yes No

Receipt Number: \_\_\_\_\_ Dated: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Issue date: \_\_\_\_\_

**Remarks:**