



The Council Of The Pharmaceutical Society Of Uganda

Our Ref: 0304/PSU/2017

Your Ref:

Date: 08th August 2017

Plot no: 1847 Banda - Kyambogo
P.O. Box 3774, Kampala - Uganda
Tel no: +256 414 348 796, 0392 174 280
Fax: +256 414 340 385
Email: psupc@psu.or.ug
Website: www.psu.or.ug

To all Pharmacy owners

Dear Sir/Madam,

RE: PHARMACY AUXILIARY STAFF TRAINING FOR 2017.

This is to inform you about the training of the Pharmacy Auxiliary staff for this year. You are required to send at least one staff from each pharmacy for the training.


Each participant is required to have submitted the following to PSU secretariat or their respective regional training co-ordinators by 24th August 2017:

- Filled in application form (blank forms can be picked from secretariat at Pharmacy House Plot 1847 Kyambogo, regional training co-ordinators, or downloaded from the PSU website www.psu.or.ug)
- Copies of certified academic transcript, registration certificate or practicing certificate
- Evidence of payment of 200,000/= paid onto PSU Stanbic account number 9030005895331, with the name of the participant (staff) and pharmacy indicated
- A current passport size photo

The training centres are summarized below:

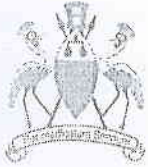
District/Region	Training centre	Co-ordinator	Tel contact	Training dates
Arua (West Nile)	Arua Hospital	Akali Alfred	0772613183	04 th - 08 th September
Fort portal (West)	School of Clinical Officers (SOCO)	Tumwine Yona	0701089489 0774483897	28 th August - 01 st September
Gulu (North)	University Block, Gulu University	Minyeto Daniel	0772901544	04 th - 08 th September
Hoima (West)	Hoima Resort	Abigaba Margaret	0772664693	28 th August - 01 st September
Jinja (S. East)	Jinja Town Hall	Mukisa David	0704514500	28 th August - 01 st September
Kampala (Central)	Pharmacy School, Makerere	Matovu Steven Z	0776429935 0705874688	26 th , 27 th August; 02 nd , 03 rd , 09 th and 10 th September
Mbale (East)	Mbale Hospital	Sande Alex	0755252401	28 th August - 01 st September
Mbarara (S. West)	Mbarara University (MUST)	Tubenawe Marshal	0772579011	04 th - 08 th September

Your continued cooperation is highly appreciated.


Opio Samuel

Secretary, Pharmaceutical Society of Uganda





THE COUNCIL OF THE PHARMACEUTICAL SOCIETY OF
UGANDA
PHARMACY AUXILIARY STAFF TRAINING 2017
APPLICATION FORM

Please care fully complete this form in capital letters and in own handwriting.

1. Surname.....
Other Names.....
2. Date of birth.....Age.....Sex:M/F.....
3. District of origin.....County.....sub.....
County.....village.....
4. Contact Address
Telephone Landline.....Mobile:.....Email.....
Residence (physical location).....
5. Schools attended:
Primary Schools:.....from.....to.....
Ordinary Level Education.....from.....to.....
Advanced Level Education.....from.....to.....
6. Professional Education
Institution(s).....from.....to.....
Address.....
Qualification Attained.....
7. Work background:
Work Station: Pharmacy /Drug shop:.....from.....to.....
Others.....from.....to.....
Where are you currently employed(Provide evidence)?.....
8. Are you dully registered with your professional council? Yes/no. if yes, state your
Reg. No.

Signature of applicant.....Date.....

NB: Enclose copies of your Academic Certificates and necessary attachment

For official use only

Application approved: Yes/No

If not approved,

reason.....

Secretary's signature & date