



**THE COUNCIL OF THE PHARMACEUTICAL SOCIETY OF
UGANDA
PHARMACY AUXILIARY STAFF TRAINING 2022
APPLICATION FORM**

Please carefully complete this form in capital letters and in your own handwriting.

1. Surname.....Other Names.....

2. Date of Birth: Age.....Sex: M/F.....

3. District of origin:County:Subcounty:
.....village.....

4. Contact Address

Telephone Mobile:Email.....

Residence (physical location)

5. Schools attended:

	Name of School	From	To	Qualification attained
Primary				
Ordinary Level				
Advanced Level				
Professional Education				

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