



CTF008

PHARMACISTS COUNCIL OF ZIMBABWE

NOTIFICATION OF CHANGE OF SUPERVISOR

(A) VOCATIONAL TRAINEE'S DETAILS

First Name: _____ Surname: _____

Registration No. _____

Name of Current Supervisor: _____

Period of Training Covered From: _____ To: _____

Full name and contact address:

E-Mail: _____

Fax:-----

Telephone: _____

Signed: _____ DATE _____

(B) NEW SUPERVISOR INFORMATION

First Name: _____ Surname: _____

Registration No. _____

Date of takeover as Supervisor _____

Name (s) of Current **Trainee(s)** under my supervision

Full name and address of premises:

E-Mail: _____

Fax: _____

Telephone: _____

Are you a Council registered supervisor? Yes/No

If Yes, state date of
Registration _____

DECLARATION

I work full time at these and undertake to provide pre-registration training in accordance with the laid down Council procedures.

Signed:

_____ DATE _____

OFFICIAL STAMP