



**PHARMACISTS COUNCIL OF ZIMBABWE**

***PRE-REGISTRATION TRAINING REPORT BY TRAINEES***

The principal purpose of this report is to keep the Council informed of the experience being provided in each establishment. The acceptability of a completed period of pre-registration training will not be prejudiced by the contents of the report provided that the training has been gained in an establishment approved by the Council.

This report must be submitted to the Council at the end of training at each establishment

Do not include in the report any reference to matters that could be regarded as confidential e.g. reference to turnover, profitability etc

NAME (IN FULL) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

NAME AND ADDRESS OF ESTABLISHMENT/INSTITUTION

\_\_\_\_\_  
 \_\_\_\_\_

PERIOD OF ***PRE-REGISTRATION*** TRAINING:

COMMENCED ON \_\_\_\_\_

COMPELTED ON \_\_\_\_\_

1. Has the period of training been in accordance with the requirements of **pre-registration** training as laid down by the Council?

Yes/No If "No" state as briefly as possible, why not?

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2. What approximate proportion of your time was spent on the competences (i.e. core aspects of training)

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3. Give the title and duration of any scientific, professional or management courses, including study days attended during the period.

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4. Other comments, if any (NB-Not of a confidential business nature)

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5. I know of no reason, on the grounds mental or physical health, why I should not be able to discharge the responsibilities of a registered pharmacist, which I understand may include taking sole charge of a community or hospital pharmacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you wish to make any additional comments in confidence, these should be sent separately to the Registrar, Pharmacists Council.*

**OFFICIAL STAMP**