

a. b..... c.....

10) TELEPHONE NUMBER:

WhatsApp NUMBER:

11) EMAIL ADDRESS:.....

12) Have you ever attended any MCA school and completed? YES [] NO []

If yes, state school attended and year of completion (attach photocopy of certificate):

.....

13) EDUCATIONAL QUALIFICATIONS

NO	SCHOOLS ATTENDED	FROM (YEAR)	TO (YEAR)	QUALIFICATION OBTAINED
1.				
2.				
3.				
4.				

14) EMPLOYMENT INFORMATION

Have you ever been employed? YES [] NO []

No	NAME OF EMPLOYER	PERIOD		POSITION HELD/TITLE
		FROM	TO	
1.				
2.				
3.				
4.				



--	--	--	--	--

15) FUNDING

How do you intend to fund the course?

- a) Parent []
- b) Self []

d) Others
Please specify.....

c) Employer []

16) Name of sponsor:.....

17) Address:

18) TEL. NUMBER:

19) Have you ever had a breach with the law in connection with drugs? YES
[] NO []

20) If Yes, give details.....

21) Have you ever been convicted by any Law of the State or do you have any
criminal record?

YES [] NO

[]

22) If Yes, give details.....

.....

Signature:.....

(Please take note that by signing this document, you have agreed that the information provided is all true. One can be dismissed, and no money refunded, if later found to have provided false information).



.....
Applicant

.....
Date

NB: The application should be submitted with certified true copies of certificate(s) and two (2) passport-size photographs (with a white background). One fixed to this form and other endorsed by the Referee

DECLARATION

This form should be filled by a referee nominated by the applicant. The referee should either be a Pharmacist, a Civil Servant or Public Officer not below the rank of a Principal Executive Officer, a Medical Officer or a Leader of a recognised religious body.

I have known

(name of declarant)

Mr./Mrs./Miss..... foryears in

My capacity as..... I have no doubt that

(State relationship with applicant)

All applicant's personal and other data are true and accurate. I am convinced that the applicant is capable of undergoing the course and abiding by the rules and regulations governing the course.



I also confirm that the picture endorsed by me is true likeness of the applicant. I therefore recommend him/her to be considered for the course.

.....
Signature of Referee
.....
Position
.....
Date
.....
Official Stamp

Referee Contact Address
Telephone:
e-mail:

UNICOM TRAINING SCHOOL
MEDICINE COUNTER ASSISTANT (MCA) COURSE
OFFICIAL USE ONLY

Comments:
.....
.....
.....

RECOMMENDATION



NOT ADMITTED []

ADMITTED []

Signature

Sign and print your name

.....

.....

Interviewer

Date

ELIGIBILITY

Educational background for the course (minimum):

- General Certificate of Examination (GCE) Ordinary Level
- Senior Secondary School Certificate (SSSCE/WASSE)
- Middle School Leaving Certificate (MSLC)*

Candidate must have at least passes in English and Mathematics

Consideration will be given to this lower qualification group of applicants provided they could still read and write and a minimum of three (3) years working experience in a pharmacy or pharmacy related business



Successful Applicant will be expected to complete Six (6) course modules.

Duration of training will be Three and half (3 ½) months after which you will undergo a Two and half (2 ½) months practical training.

Internal Final Examination will be conducted by the school and External by the Pharmacy Council.

Only students who pass the internal examinations on will be allowed to participate in the final examinations conducted by the Pharmacy Council.

REFUND OF FEES: FEES PAID ARE NOT REFUNDABLE

UNICOM TRAINING SCHOOL

