



# SINGAPORE PHARMACY COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

81 Kim Keat Road #10-00 Singapore 328836

Email: [SPC@spb.gov.sg](mailto:SPC@spb.gov.sg) Website: <https://www.spc.gov.sg>

## APPLICATION FOR DISRUPTION IN TRAINING / WITHDRAWAL FROM TRAINING

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

PRN: \_\_\_\_\_ Tel No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ S ( )

Email Address : \_\_\_\_\_

Dear Registrar,

I am **leaving the employment of the organisation** and **wish to withdraw** from the following (please tick appropriately):

Pre-Registration Training with effect from \_\_\_\_\_.

Conditional Registration with effect from \_\_\_\_\_.

I wish to apply for a **disruption (will still be in the employment of the organisation)** in my (please tick appropriately):

Pre-Registration Training from \_\_\_\_\_ to \_\_\_\_\_

Conditional Registration from \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Signature

Institution

Date

Signature & Name of Pharmacy Manager

Date

### For Official Use

Decision:  Approved  Not Approved

Remarks: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed form to [SPC@spb.gov.sg](mailto:SPC@spb.gov.sg).