

SINGAPORE PHARMACY COUNCIL NOTIFICATION OF PECT INTERNS / PRE-REGISTRATION PHARMACISTS WORKING OFF-SITE / WORKING FROM HOME

Name of Trainee	:	
Email	:	
Contact No.	:	
Training Centre	:	
Location	:	

Start Date of Working off-site	:	
End Date of Working off-site	:	
Duration (days)	:	
Week X of Rotation	:	

Reason for working off-site	:	
Remarks	:	

Preceptor assigned during off-site duration	:	
PRN of preceptor	:	
Email	:	
Contact	:	

Seeking approval from SPC for the revised training plan	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Submitted by:

 Name of Pharmacist and Signature Designation & Organization Date

OFFICIAL USE ONLY BY SPC

Date SPC informed:

Status: Approve / Not Approve / For Information Only

Approval given by:

Date approval given: