

## Before filling out this form...

Please read the information on this page before completing this form.

Note that all fields in this form must be completed. If you do not complete this form correctly, the assessment process will take longer.

This form must be signed to be considered valid.

## Summary

The Australian Pharmacy Council Ltd (APC) is designated as the independent accreditation agency for the profession of pharmacy under the National Registration and Accreditation Scheme.

The APC assesses the qualifications and skills of overseas trained pharmacists through an application process.

Applicants with work experience as a retail or hospital pharmacist can choose to provide evidence of work experience to the APC for review and assessment.

While the APC is authorised to assess pharmacists for the purpose of providing skills assessments, the decision to award points for qualifications and skilled employment remains with the [Department of Home Affairs](#).

## Process for an APC work experience review

- Applicants who wish to have the APC comment on work experience should use this template for evidence of work experience.
- Applicants should give this template to any and all current or former employers to fill out as evidence of work experience as a retail/hospital pharmacist.
- This form should be completed, signed, dated and stamped by the referee and the original copy (with the original signatures) must be uploaded via the Candidate Portal at 600dpi resolution. All information should be completed. Failure to provide complete details will result in a delay processing the application.
- Applicants must use a separate APC Work Experience Reference template for each period of their employment.
- For every Work Experience Reference provided, applicants must also upload a secondary evidence document such as pay slip, income tax statement or a Government issued letter from the relevant department. For example, a letter from the Ministry of Health may be provided as a secondary evidence of work experience.
- Applicants must scan both documents (scan of original Work Experience Reference and secondary evidence for each period) together in one scan and upload as one pdf document.

Please download this form and send it to [assessments@pharmacycouncil.org.au](mailto:assessments@pharmacycouncil.org.au)

**Applicant personal details****First name****Last name****Other name/s****Date of birth**

(dd/mm/yyyy format)

**Employer/Referee details****Title**

(Ms, Mr, etc.)

**First name****Last name****Job title****Organisation****Organisation  
address****State****Post code****Country****Email****Phone****Professional relationship  
to applicant**(eg. manager, supervisor, head of  
department, etc.)**Applicant's job title**

I can confirm the applicant was a pharmacist with full/general registration for the following period:

**Applicant's employment  
start date**

(dd/mm/yyyy format)

**Applicant's employment  
finish date**

(dd/mm/yyyy format)

**Applicant worked**

Full time (20+ hours per week)

Part time (less than 20 hours per week)

**Please describe applicant's duties in their role**

## Declaration

To be completed by the Employer/Referee

By making this declaration, I hereby certify that:

I understand the Australian Pharmacy Council may contact me for further information regarding this applicant.

I confirm the information that I have provided for this applicant is true and correct.

Signature \_\_\_\_\_

Date

**Stamp of the Employer / Referee / Organisation (must be translated into the English language by an approved NAATI translator if in a language other than the English).**