



GUIDELINES FOR THE DISTRIBUTION / SUPPLY OF :
REGISTRATION AND PERSONAL POSTAL ADDRESS INFORMATION
OF STUDENTS AND HEALTH PROFESSIONALS REGISTERED WITH
THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

A. CONTACT INFORMATION

All Data Supply Requests for Registration and/or Postal Address information of Registered Students and Health Professionals are to be submitted to: Mrs Y Daffue in the IT Department

eMail: YvetteD@hpcsa.co.za or ITHelpDesk@hpcsa.co.za

Tel: (012) 338 9354 Fax: (012) 338 9354

B. REQUEST CRITERIA

All Data Supply Requests are to contain the following information:

- 1) Full Contact & Invoicing Details of individual or Organization placing the request
- 2) Register/Category List of Students or Professionals for which the information is required
- 3) The Geographical area/s or Postal Code range/s to be included in the Dataset
- 4) Details concerning any other criteria required (eg: Age, Registration Year, Category etc)
- 5) The purpose for which the information is to be utilized
- 6) Preferred Format in which the Data is required:
 - a. TXT/CSV File (Please indicate preferred Delimiter)
 - b. MS Excel Workbook
 - c. MS Word Document (Pre-Formatted Ready-to-Print Address Labels)

NB: Postal Addresses, Category or Qualification information are available as separate Datasets

C. FORMATS & PRICES

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|--|----------------------------|
| 1) Printed Data Lists (MS Excel File) | 55c per Record (Excl VAT) |
| 2) eMailed Data Lists | |
| a. Text/CSV File | 35c per Record (Excl VAT) |
| b. MS Excel Workbook | 45c per Record (Excl VAT) |
| c. MS Word Document | 55c per Address (Excl VAT) |
| (Pre-Formatted Ready-to-Print Postal Address Labels) | |

D. APPROVED INDIVIDUALS & ORGANIZATIONS

- 1) Registered Students or Health Professionals for non-profit generating Academic Research
- 2) Health Profession affiliated Organizations, Societies or Associations and Accredited Academic Institutions
- 3) Non profit-generating Research Projects for individuals or Organizations
- 4) Pharmacists & Pharmaceutical Supply Companies In respect of:
 - a. Withdrawal of Medications
 - b. Issuing of Vital Medicine Safety Notices and/or Warnings

E. NON-APPROVED INDIVIDUALS & ORGANIZATIONS

- 1) Any Individual or Organization utilizing the Data for the following purposes:
 - a. Commercial Marketing of Services and/or Products
 - b. Personnel Recruitment

F. ORDER PROCEDURE

- 1) The Requestor to Submit Data Supply Order, in accordance with Section B, in writing to the IT Official (Mrs Y Daffue) at: **eMail:** YvetteD@hpcsa.co.za or ITHelpDesk@hpcsa.co.za or **Fax:** (012) 338 9354
- 2) A Quotation for the Data as per the Requestor's specific criteria will be issued
- 3) The Requestor to Submit a Signed copy of the Data Supply Order Confirmation
- 4) A Manual Invoice for the Data as per the Quotation will be issued to the Requestor
- 5) The Requestor to Submit a copy of the Deposit Slip/EFT Payment for the Data Order

NB: Payments are reflected on the HPCSA's Bank Statement within 3 days from Payment Deposit/EFT

- 6) The Proof of Payment to be submitted to the Finance Dept for Invoicing and Allocation
- 7) The Data will be released on receipt of the Payment Confirmation from the Finance Dept