

**APPLICATION FOR APPROVAL OF A CONTINUING PROFESSIONAL DEVELOPMENT  
(CPD) ACTIVITY**

**Please complete and return to:**  
The appropriate Recognised Voluntary Association

<b>1. BODY APPLYING FOR ACTIVITY APPROVAL IN TERMS OF ECSA CPD POLICY</b>	
1.1	Name of body
1.2	Postal Address
1.3	Invoicing details with Company Vat Registration Number
1.4	Telephone number
1.5	Fax number
1.6	E-mail address

<b>2. PERSON WHO ACTUALLY IS RESPONSIBLE ON BEHALF OF THE APPLYING BODY</b>	
2.1	Initials and Surname
2.2	Title (Prof/Dr/Mr /Ms)
2.3	Position held by responsible person in body
2.4	Direct contact telephone number
2.5	Cellular telephone number

<b>3. ACTIVITY OFFERED</b>
.....
.....
.....
.....

<b>4. DETAILS OF ACTIVITY</b>	
a) Title Activity	
b) Name of Presenter/s	
c) Duration of Activity	
d) Target Participants: (Discipline and Category of Registered Persons)	
e) Is the activity promoting a product?	

<b>5. MOTIVATION FOR ACTIVITY TO BE APPROVED</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<b>6. Checklist</b> – To ensure the timeous processing of your application, please ensure that the following is attached.
<input type="checkbox"/> Formal Programme (e.g. sequence in which material is being presented) for the event <input type="checkbox"/> CV of Presenter <input type="checkbox"/> Advert for the course, seminar or lecture (if available) <input type="checkbox"/> Lecture Notes <input type="checkbox"/> Blank evaluation forms for obtaining feedback from participants for rating of the relevance, quality and effectiveness of the activity, must be attached to this application

I, on behalf of the .....  
(name of the body) hereby certify that I am fully aware of the statutory requirements of continuing professional development as described in the ECSA Policy Document and undertake to comply with the requirements of serving as an approved provider for this activity.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**POSITION HELD IN BODY**

\_\_\_\_\_  
**PLACE**

Please note that this form has been slightly amended from the original ECSA ECPD2 form for SAICE's administrative purposes.