

**SOUTH AFRICAN COUNCIL FOR THE PROJECT AND CONSTRUCTION MANAGEMENT PROFESSIONS**

**A-CPD 0001**

**APPLICATION FOR VALIDATION OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITY**

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| Please refer to the **SACPCMP CPD ACTIVITY APPROVAL GUIDELINES FOR CPD PROVIDERS** as well as the attached annexures when completing this application form. For every CPD activity, you are required to complete one hard copy set and one electronic copy. The application fee is non-refundable as it is used for the validation process regardless of outcome. Hard copies of the application may be hand delivered or posted to:***SACPCMP, First Floor Gateway Creek, International Business Gateway, Corner New Road and 6th Road Midrand; P.O Box 6286, Halfway House, 1685, Midrand, Johannesburg,*** ***.*** The electronic copy must be in word/PDF format and can be emailed to:**cpd@sacpcmp.org.za****PLEASE NOTE:** Applications should be made **at least three (3) months** before commencement of the programmes/activities concerned. |

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| **N.B : Please ensure that the following documentation is submitted with this application:** |

1Detailed Programme of the proposed CPD Activity. Please ensure that the following information is included in your proposed programme: background/context, objectives, expected outcomes, course structure, presentation and length of activity.

2. Copies of activity/course material to be provided together with handouts to be issued during training

3. The Presenter’s CV

4. Certified copies of presenter's certificates

5. Certified copies of presenter's ID

6. Proof CPD Activity provider accreditation status with other institutions (if any)

7. Lesson Plan and Learning Outcomes

8. Description of facilities and equipment to be used during the presentation

9. Copy of the proposed attendance register and Certificate of attendance

10. Copy of the proposed CPD Activity Evaluation Questionnaire

**NB: May you kindly submit both hard copy of your application and electronic copy of your application preferably in a USB/memory Stick/ CD.**

 **It is with the honours of the Service Provider to provide all the supporting documentation required for the finalisation of the application.**

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| **I. DETAILS OF THE CPD ACTIVITY ORGANISER/PROVIDER AND ACCREDITATION STATUS** |

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| **A. ORGANISATIONAL/INSTITUTIONAL CPD ACTIVITY PROVIDERS: Please complete this section only if you are an organisational/institutional CPD activity provider.** *Please tick the relevant box where applicable***.** |

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| 1 | Name of Providing Organisation/institution |  |
| 2. | **Presenter’s details** |
|  | Full Name of the Presenter(s) including title  |  |

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| **B. INDIVIDUAL CPD ACTIVITY PROVIDERS: complete this section only if you are an individual CPD activity/programme provider.** *Please tick the relevant box where applicable.* |

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| 1 | Name of the Individual CPD Activity Provider  |  | Title e.g. Mr, Ms, Mrs, Dr, Prof etc.  |  |
| 2 | Please provide your SACPCMP CPD Provider Accreditation number and attach proof of accreditation  |
| a | Individual CPD Provider Accreditation Number with SACPCMP |  |
| 3 | Are you currently registered with any other professional bodies or institutions within the Built Environment or with similar interests and objectives to those of the SACPCMP? | ***Yes*** |  | ***No*** |  |
| a | If your answer is YES to the question above, state the name(s) of the institution(s) and provide details and proof of your registration number(s) with the respective institutions. |
|  | ***Full Name of Professional Body/ Institution*** | ***Professional Registration Category*** | ***Professional Registration Number*** |
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| **II. CONTACT DETAILS** |

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| --- | --- | --- | --- |
| Postal Address of Organisational /Individual Activity Provider |  | Physical Address of Organisational /Individual Activity Provider |  |
|  |  | Street |  |
| Town |  | Town |  |
| City |  | City |  |
| Post Code |  | Post Code |  |
| Country |  | Country |  |
| Tel: (Including Area Code) |  | Fax: (Including Area Code) |  |
| Cell: (Including Area Code) |  | Email: |  |
| Website (if any): |  |  |  |
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| Full Name of Contact Person  |  |
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| Full Name of Activity Organiser |  |
| Title e.g Mr, Ms, Mrs, Dr, Prof e.t.c |  |

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| **III. DETAILS OF THE ACTIVITY** |

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| 1 | Activity Title |  |
| 2 | Date(s) of Activity/ Programme |  | Venue (Full Address) of Activity (If Applicable) |  |
| 3 | Provide brief reasons for your choice of the CPD Programme presenter( in not more than 100 words) |  |
| **ACTIVITY STRUCTURE, FACILITIES etc.** |
| 4 | Proposed Category of CPD Activity *e.g. Category A -Core Knowledge etc.* *(please refer to the guidelines of the proposed SACPCMP CPD Activities contained in the* ***CPD ACTIVITY VALIDATION GUIDELINES FOR PROVIDERS*** *when completing this part* |  |
| 5 | Please explain why this CPD activity must be classified under the proposed Category stated above |  |
| 6 | Target Audience *e.g. Construction Site Agents, Construction Managers etc.* |  |
| 7 | Nature of the activity*: e.g. Lecture, workshop, seminar, demonstration, web supported presentation or e-learning* |  |
| 8 | In 200 words, explain the structure of CPD activity e.g. provide a brief outline or abstract of content indicating scope or coverage *e.g. course to commence with a tutorial, followed by demonstrations, then a debate, self-study, computer based, etc.* |  |
| 9 | Please describe the facilities to be used during the presentation *(e.g. Conference room at Sun International Hotel, Johannesburg)* |  |
| 10 | Please describe the equipment to be used during the presentation *(e.g. overhead projectors)* |  |
| 11 | State the activity/course material to be provided: *e.g. photo-copies of slide presentations, examples of best practice, practical work or application tasks etc.* |  |
| **ACTIVITY BACKGROUND/CONTEXT, OUTCOMES, EVALUATION etc.** |
| 12 | In 100 words, provide a brief summary about the background/context and purpose of the proposed CPD activity |  |
| 13 | in 120 words, Justify why the activity must be considered for CPD validation in terms of the outcomes *e.g. Participants are enabled to: perform a specific task, apply knowledge gained in executing construction contracts, use specific equipment, train others, etc.* |  |
| 14 | Specify intended method of activity evaluation *(e.g. Questionnaire)* |  | Specify intended method of monitoring attendance per hour or per session *(e.g. use of attendance register))* |  |
| **PROPOSED POINTS/CREDITS TO BE EARNED** |
| 15 | Duration of the learning activity (hours) |  |
| 16 | Proposed points/credits to be earned |  |
| **PROPOSED FEES** |
| 17 | Registration Fee involved for each participants |  |

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| **IV. ACCREDITATION OF CPD ACTIVITY WITH OTHER INSTITUTIONS/BODIES** |

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| 1 | Have you ever applied to another accreditor to have this activity approved? Please tick the relevant box. | ***Yes*** |  | ***No*** |  |
| 2 | If your answer is “YES” to question 1 above, please state to whom (i.e. provide the name of the institution)  |  |
| 3 | What was the outcome of the application? Please tick the relevant box. | *Approved* |  | *Not Approved* |  |
| 4 | If your application was approved, please provide the Approval/accreditation Ref/No: |  |
| 5 | If not approved, please specify reasons why the above-named accreditor has not approved the learning activity: |  |

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| **V. DECLARATION** |

1. With the submission of this application I/we the applicant, declare that:

1. I am/my/our organisation is not disqualified from having the proposed CPD activity validated by SACPCMP or any other

Professional body

1. I am/my/our organisation is not subject to suspension from registration by any other professional body
2. All the particulars furnished by me/us in this form are true and correct.
3. I am/my/our organisation will abide by the SACPCMP professional code of ethics
4. I hereby undertake to monitor attendance or conduct assessments of attendees for the duration of the activity, evaluate the presentations as specified and to inform SACPCMP accordingly.
5. I recognize the authority of the SACPCMP to cancel validation of the CPD activity in the event of non-compliance with the

validation criteria.

2***.*** With the submission of this application I/we the applicant, further agree to allow a maximum of two (2) SACPCMP

 representatives to attend the activity free of charge, for evaluation purposes.

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3. ***I, the undersigned, certify that the information provided in this application is true and correct***

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| Full Name |  | Designation |  | Date  | D D- M M- Y Y | Signature |  |

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| **VI. FOR OFFICE USE ONLY (To be completed by CPD Administrator)**  |

***Has the applicant provided the following information/attachments?*** *(Please tick the relevant box)*

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| 1 | Detailed Programme of the proposed CPD Activity  | ***Yes*** |  | ***No*** |  |
| 2 | Copies of activity/course material to be provided | ***Yes*** |  | ***No*** |  |
| 3 | The Presenter’s CV  | ***Yes*** |  | ***No*** |  |
| 4 | Certified copies of presenter's certificates | ***Yes*** |  | ***No*** |  |
| 5 | Certified copies of presenter's ID | ***Yes*** |  | ***No*** |  |
| 6 | Proof of CPD Activity provider accreditation status with other institutions (if any) | ***Yes*** |  | ***No*** |  |
| 8 | Copy of the proposed attendance register | ***Yes*** |  | ***No*** |  |
| 9 | Copy of the proposed CPD Activity Evaluation Questionnaire | ***Yes*** |  | ***No*** |  |
| 10 | Proof of payment of CPD Activity validation fees | ***Yes*** |  | ***No*** |  |
| 11 | Description of facilities and equipment to be used during the presentation | ***Yes*** |  | ***No*** |  |

 ***I, the undersigned, certify that the information provided in this application is true and correct***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | Designation |  | Date  | D D- M M- Y Y | Signature |  |

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| **VII. FOR OFFICE USE ONLY (To be completed by Chairperson of the CPD Committee (or nominee)**  |

***This section to be completed after the application has been considered by the Committee***.

Has the activity been approved/ validated as a suitable CPD activity? Yes No

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| If not give concise and brief reasons |  |

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| Period of validation (up to a maximum of 3 years) |  | Validation Number |  |

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| Full Name |  | Signature |  | Date | D D- M M- Y Y |