# Annexure B



## PROJECT PROFILE REPORT TEMPLATE FOR CPD

1. **REGISTERED PERSON INFORMATION**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Ms/Prof)** |  |
| **Name/s** |  |
| **Surname** |  |
| **ID or Passport no.** |  |
| **SACPCMP Designation** |  |
| **Registration No.** |  |

1. **PROJECT(S) REPORT**

|  |
| --- |
| **PROJECT 1** |
| **1. Project Details** |
| **Name of Project** |  |
| **Duration of project (***provide dates***)** |  |
|  |  |
| **Type and description of Project** |  |
| **Total value of Project** |  |
| **Geographical location of Project** |  |
| **Client Details** | **Name of Client** |  |
| **Full Names of Client Representative** |  |
| **Position** |  |
| **Tel.** |  |
| **Mobile** |  |
| **E-mail** |  |
| **List of participating Organisations (***bulleted list***)** |  |

|  |  |
| --- | --- |
| **Your specific role and position (***with a description of reporting lines***)** |  |
| **2. Full Report** |
| **Which stage(s) were you involved in? (***Indicate with a cross***)** | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  |
| **Describe your role according to the project stages as it relates to this project** | **Stage 1** |  |
| **Stage 2** |  |
| **Stage 3** |  |
| **Stage 4** |  |
| **Stage 5** |  |
| **Stage 6** |  |
| **3. Project Outcomes** |
| **Project****Successes** |  |
| **Project Failures** |  |

# Annexure C



**TEMPLATE FOR REPORTING RESEARCH SUPERVISION**

|  |  |
| --- | --- |
| **Name/s and Surname** |  |
| **SACPCMP Designation** |  |
| **Registration No.** |  |

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| --- | --- | --- | --- | --- | --- |
| **Name of Student** | **Level** | **No. of Consultation Sessions** | **Cumulative hours for consultations** | **Review of Research (documents e.g. chapters/thesis/dissertation)** | **Cumulative hours for document review** |
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|  | **TOTAL** |  | **TOTAL** |  |

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| **SIGNED OFF BY HOD or****Dean** | **Full Names** |  |
| **Contact details*****for verification******purposes*** | E-mail |  |
| Direct no. |  |
| **Date** |  |
| **Signature** |  |

# Annexure D



**TEMPLATE FOR REPORTING TOOLBOX TALKS**

|  |  |
| --- | --- |
| **Name/s and Surname** |  |
| **SACPCMP Designation** |  |
| **Registration No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Toolbox Talk** | **Date of Toolbox Talk** | **Site location** | **Duration of Toolbox talk** |
| General Housekeeping  |  |  | 30 |
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| **TOTAL** |  |

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| **SIGNED OFF BY Pr.CM or****Pr.CPM (on project)** | **Full Names** |  |
| **Contact details*****for verification******purposes*** | E-mail |  |
| Direct no. |  |
| **Date** |  |
| **Signature** |  |

# Annexure E



**TEMPLATE FOR REPORTING HEALTH AND SAFETY SITE INDUCTION**

|  |  |
| --- | --- |
| **Name/s and Surname** |  |
| **SACPCMP Designation** |  |
| **Registration No.** |  |
| **Project Name** |  |
| **Project Location** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Site Induction** | **Employee Name** | **Employee Surname** | **Employee ID Number** | **Employee Signature** |
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| **TOTAL duration of induction** |  |

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| --- | --- | --- |
| **SIGNED OFF BY Pr.CM or Pr.CPM****(on project)** | **Full Names** |  |
| **Contact Details***For verification purposes* | E-mail |  |
| Direct No. |  |
| **Date** |  |
| **Signature** |  |

# Annexure F



## MENTORSHIP AGREEMENT

|  |  |
| --- | --- |
| Mentee’s Full Name |  |
| Mentee’ Membership No. |  |
| Mentor’s Full Name |  |
| Mentor’s Designation |  |
| Mentor’s Membership No. |  |
| Duration of Mentorship | Start Date: |  |
| End Date: |  |

We are both voluntary entering into the mentorship and we commit to the following responsibilities.

#### Mentee’s Responsibilities:

1. Identify the skills, knowledge, and/or goals that you want to achieve and communicate them to your mentor.
2. Actively listen to the mentor and act on tasks when relevant.
3. Share the progress with the mentor and reflect on learnings.
4. Keep an open line of communication.
5. Arrange meetings and draft the agenda.
6. Agree to keep contents of all conversations confidential.

#### Mentor’s Responsibilities:

1. Play a supportive role in developing the Mentee.
2. Provide guidance and support to the Mentee based on his or her unique developmental needs.
3. Arrange access to projects and reference material for research and assignment purposes (this information will always be kept confidential).
4. Make time for the Mentee to ask questions and to be enriched by the Mentor’s knowledge and experience.
5. Identify resources to help Mentee enhance personal development and career growth.
6. Act as sounding board for ideas/concerns about career choices and provide insights into possible opportunities.
7. Document the development, activities and time spent with the mentee.
8. Agree to keep contents of all conversations confidential.

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| --- | --- | --- |
| Mentee’s Signature: |  | Date: |
| Mentor’s Signature: |  | Date: |

**CANDIDATE PRACTICAL EXPERIENCE LOGBOOK FOR PrCPM AND PrCM**

|  |  |
| --- | --- |
| Candidate’s Name |  |
| Candidate’s Registration Number |  |
| Approved Training Employer |  |
| Mentor’s Name |  |
| Manager’s Name |  |
| Practical Experience Start Date |  |
| Practical Experience End Date |  |
| Technical Competencies |  |

**I. INTRODUCTION**

* Describe the whole planning for your candidature and clearly provide the milestones which will be accomplished during the period.
* It is important that your plan should aim at making sure that all knowledge areas are covered during your candidature.
* Logbooks must be submitted at the end of each year, signed by the Registered Supervisor

/ Mentor(s) of the Candidate

* Candidates are allowed to have Registered Supervisors / Mentors who work in different organisations to the one the Candidate is working for, but this must be by a registered person in the category the candidate is registered in
* The employer representative is required to sign a monthly practice report clearly indicating the Knowledge Areas the Candidate is being mentored on.
* Candidates must provide evidence regarding competence within all knowledge areas recommended. The candidature period may be extended where the candidate cannot prove competence in a specific area during the initial prescribed period.
* A Candidate must personally complete (by typing) the Logbook and any other documents required, in his / her own personal capacity. It is against the Code of Conduct for a different person to complete the Logbook or other documents, on behalf of the Candidate.
* On successful completion of the Candidature period, a candidate will be recommended to a Professional Interview. After passing the Professional Interview, the Candidate will be registered in the relevant Category.
* Candidates (Can CPM or Can CM) who adequately provide the deliverables and prove active involvement providing the services as identified in the scope of service of the category they are registered in over their prescribed candidature period, will be recommended to proceed to a Professional Interview.
* Candidates are required and expected to adhere to the Code of Conduct for registered professionals, undertake their own Professional Development Programmes and pay applicable Fees in terms of Section 12 of the Act.

**II: RECORD OF PRACTICE DURING THE CANDIDATURE PERIOD**

Candidates must maintain a comprehensive and continuous record of all their practical experience during the entire period of candidature. A comprehensive reference source for the candidate and the mentor is important to track and plan progress against practical professional requirements.

It is the responsibility of the candidate to maintain a record of practical experience, and it is the mentor’s responsibility to verify the experience gained against the competencies set by SACPCMP. It is therefore important that the candidate and the mentor keep records in case of any discrepancies. The records to be kept must be in sufficient detail to justify how the requirements have been met against the required competencies. Records must be described and kept for the various tasks and activities that the candidate has completed to support achievement of each competency.

It is compulsory that each activity practice report is signed by a registered supervisor who can either be a Professional Construction Project Manager or Professional Construction Manager and this would be dependent on the category in which the candidate is registered.

The following format should be followed when recording practice activities:

|  |  |  |  |
| --- | --- | --- | --- |
| Ethics, Professionalism andCode of conduct | Record of Evidence | Mentor Initials | Date |
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| Communication and Team Building | Record of Evidence | Mentor Initials | Date |
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| Programming and Scheduling | Record of Evidence | Mentor Initials | Date |
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| Procurement and Tendering | Record of Evidence | Mentor Initials | Date |
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| Contracts and Project Administration | Record of Evidence | Mentor Initials | Date |
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| Risk Management | Record of Evidence | Mentor Initials | Date |
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| Feasibility Analysis, Project Cost Control and Appraisal | Record of Evidence | Mentor Initials | Date |
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| Health, Safety Management and Rules and Regulations | Record of Evidence | Mentor Initials | Date |
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| Conflict Resolution and Management | Record of Evidence | Mentor Initials | Date |
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| Stakeholder Management | Record of Evidence | Mentor Initials | Date |
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| ConstructionTechnology and Innovation | Record of Evidence | Mentor Initials | Date |
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| SustainableConstruction and Management | Record of Evidence | Mentor Initials | Date |
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| BIM Management | Record of Evidence | Mentor Initials | Date |
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| Financial Modelling and Project Finance | Record of Evidence | Mentor Initials | Date |
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| Environmental Management | Record of Evidence | Mentor Initials | Date |
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#### Please note that all registered Candidates must incorporate the hours worked on the Body of Knowledge which should be a minimum of 1600 hours and maximum of 3000hours in a three- year period and a minimum of 3000 hours to a maximum 5000hours in a four - five-year period.

**III. UNDERTAKING BY A CANDIDATE AND REGISTERED PROFESSIONAL**

I the undersigned, hereby state that:

* I confirm that the information furnished in this logbook is true and correct in every respect.
* I am registered with the SACPCMP as a Pr. CPM/Pr.CM
* I am authorized to sign this logbook due to my appointment as mentor.
* I understand that the information submitted in this logbook will be used by the SACPCMP in the assessment process for the above-mentioned candidate to assess his/her competency to register as a Pr.CPM/Pr.CM
* I and the candidate have separately entered into a mentor/mentee agreement which was deposited with the SACPCMP

#### Name of Candidate………………………………………………………………………...

**Surname of Candidate……………………………………………………………………**

Category of the Candidate – CCPM/CCM…………………………………………….

#### Registration Number………………Signature…………………Date……………..........

Name and Surname of Registered Professional with SACPCMP

1. (Supervisor)……………………………………………………………………………

Category of the Professional – Pr.CPM/Pr.CM……………………………………………………………

#### Registration Number………………. Signature……………….Date……………………

*Please note that each Registered Supervisor must complete the undertaking for a specific area of activity practice report. (Make a copy of this page if need be)*

1. (Employer Representative) ……………………………………………………………

**Position in the Organisation**………………………………………………………………. **Signature**……………………………**Date**………………………………………………

**CANDIDATE PRACTICAL EXPERIENCE LOGBOOK FOR PrCHSA, CHSM and CHSO**

|  |  |
| --- | --- |
| Candidate’s Name |  |
| Candidate’s Registration Number |  |
| Approved Training Employer |  |
| Mentor’s Name |  |
| Manager’s Name |  |
| Practical Experience Start Date |  |
| Practical Experience End Date |  |
| Technical Competencies |  |

**A. INTRODUCTION**

* + Describe the whole planning for your candidature and clearly provide the milestones which will be accomplished during the period.
	+ It is important that your plan should aim at making sure that all knowledge areas are covered during your candidature.
	+ Logbooks must be submitted at the end of each year, signed by the Registered Supervisor

/ Mentor(s) of the Candidate

* + Candidates are allowed to have Registered Supervisors / Mentors who work in different organisations to the one the Candidate is working for, but this must be by a registered person in the category the candidate is registered in.
	+ The employer representative is required sign a monthly practice report clearly indicating the Knowledge Areas the Candidate is being mentored on.
	+ Candidates must prove competence all knowledge areas recommended. The candidature period may be extended where the candidate cannot prove competence in a specific area during the initial prescribed period.
	+ A Candidate must personally complete (by typing) the Logbook and any other documents required, in his / her own personal capacity. It is against the Code of Conduct for a different person to complete the Logbook or other documents, on behalf of the Candidate.
	+ On successful completion of the Candidature period, a candidate will be recommended to either a Professional Interview or Examination. After passing the Professional Interview, the Candidate will be registered in the relevant Category.
	+ Candidates (Can CHSA or Can CHSM or Can CHSO) who satisfactorily provide the deliverables and prove active involvement providing the services as identified in the scope of service of the category they are registered in over their prescribed candidature period, will be recommended to proceed to a Professional Interview.
	+ Candidates are required and expected to adhere to the Code of Conduct for registered professionals, undertake their own Professional Development Programmes and pay applicable Fees in terms of Section 12 of the Act.

**II. RECORD OF PRACTICE DURING THE CANDIDATURE PERIOD**

Candidates must maintain a comprehensive and continuous record of all their practical experience during the entire period of candidature. A comprehensive reference source for the candidate and the mentor is important to track and plan progress against practical professional requirements.

It is the responsibility of the candidate to maintain a record of practical experience, and it is the mentor’s responsibility to verify the experience gained against the competencies set by SACPCMP. It is therefore important that the candidate and the mentor keep records in case of any discrepancies. The records to be kept must be in sufficient detail to justify how the requirements have been met against the required competencies. Records must be described and kept for the various tasks and activities that the candidate has completed to support achievement of each competency.

It is compulsory that each activity practice report is signed by a registered supervisor who can either be a Professional Construction Health and Safety Agent or Construction Health and Safety Manager or Construction Health and Safety Officer and this would be dependent on the category in which the candidate is registered.

The following format should be followed when recording practice activities:

|  |  |  |  |
| --- | --- | --- | --- |
| Ethics,Professionalism and Code of conduct | Record of Evidence | Mentor Initials | Date |
|  |  |  |  |
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| Health and Safety Management | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Management systems | Record of Evidence | Mentor Initials | Date |
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| Health and SafetyPerformance (audit and reviews) | Record of Evidence | Mentor Initials | Date |
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| Health and Safety HazardsIdentification | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Risk Management | Record of Evidence | Mentor Initials | Date |
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| People and Health and Safety Culture | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Standards | Record of Evidence | Mentor Initials | Date |
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| Innovation andTechnology in Health and Safety | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Procurement Management | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Cost Management | Record of Evidence | Mentor Initials | Date |
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| Health and Safety Accident and IncidentInvestigation | Record of Evidence | Mentor Initials | Date |
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| Health, Hygiene and EnvironmentalManagement | Record of Evidence | Mentor Initials | Date |
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| Health and SafetyCommunication Management | Record of Evidence | Mentor Initials | Date |
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| Emergency Preparedness Management | Record of Evidence | Mentor Initials | Date |
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**Please note that all registered Candidates must incorporate the hours worked on the Body of Knowledge which should be a minimum of 1600 hours and maximum of 3000hours in a three-year period and a minimum of 3000 hours to a maximum 5000hours in a four-year period.**

**III. UNDERTAKING BY A CANDIDATE AND REGISTERED PROFESSIONAL**

I the undersigned, hereby state that:

* I confirm that the information furnished in this logbook is true and correct in every respect.
* I am registered with the SACPCMP as a PrCHSA/CHSM/CHSO
* I am authorized to sign this logbook due to my appointment as mentor.
* I understand that the information submitted in this logbook will be used by the SACPCMP in the assessment process for the above-mentioned candidate to assess his/her competency to register as a PrCHSA/CHSM/CHSO
* I and the candidate have separately entered into a mentor/mentee agreement which was deposited with the SACPCMP

#### Name of Candidate………………………………………………………………………... Surname of Candidate……………………………………………………………………

Category of the Candidate – CanCHSA/CanCHSM/CanCHSO…………………………………………….

#### Registration Number………………Signature…………………Date……………..........

Name and Surname of Registered Professional with SACPCMP

1. (Supervisor)…………………………………………………………………………… Category of the Professional – PrCHSA/CHSM/CHSO……………………………………………………………

#### Registration Number………………. Signature……………….Date……………………

*Please note that each Registered Supervisor must complete the undertaking for a specific area of activity practice report. (Make a copy of this page if need be)*

1. (Employer Representative) …………………………………………………………… **Position in the Organisation**………………………………………………………………. **Signature**……………………………**Date**………………………………………………

# Annexure G

**CONSULTING REPORT TEMPLATE**

## REGISTERED PERSON INFORMATION

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Ms/Prof)** |  |
| **Name/s** |  |
| **Surname** |  |
| **ID or Passport no.** |  |
| **SACPCMP Designation** |  |
| **Registration No.** |  |
| **Time Period of Report** | Month |  | Year |  | - to - | Month |  | Year |  |

**RECORD OF CONSULTATION SERVICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Meeting/Project** | **Nature/Description of Expertise Provided** | **Estimated Duration** | **Contactable Referee** |
|  |  |  |  | Names |  |
| Tel. |  |
| Email |  |
|  |  |  |  | Names |  |
| Tel. |  |
| Email |  |
|  |  |  |  | Names |  |
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|  |  |  |  | Names |  |
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| --- | --- | --- | --- | --- |
| **Date** | **Meeting/Project** | **Nature/Description of Expertise Provided** | **Estimated Duration** | **Contactable Referee** |
|  |  |  |  | Email |  |
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| Tel. |  |
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| Tel. |
| Email |
| **TOTAL DURATION** |  |  |

I (*full names*) confirm that the information furnished in this report is true and correct in every respect. I understand that the information submitted in this report will be used by the SACPCMP in the verification process in order for me to be awarded the relevant CPD credits according to the information provided under the professional practice CPD category.

Thus signed at on day of year