# ANNEXURE D



**CPD REPORT FOR RE-REGISTRATION – MENTORSHIP ACTIVITY**

1. **PREVIOUSLY REGISTERED PERSON’S DETAILS**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Ms/Prof)** |  |
| **Full Names** |  |
| **PCM/CHS/BI Number** |  |
| **Professional Designation** |  |

1. **CANDIDATE’S DETAILS**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Ms/Prof)** |  |
| **Full Names** |  |
| **PCM/CHS/BI Number** |  |
| **Professional Designation** |  |

# MENTORSHIP COMPETENCY AREAS

*Tick one activity you will undertake with an SACPCMP registered candidate.*

|  |  |
| --- | --- |
| **PCM COMPETENCY AREAS** | **CHS COMPETENCY AREAS** |
| Ethics, Professionalism and Code of conduct |  | Ethics, Professionalism and Code of conduct |  |
| Communication and Team Building |  | Health and Safety Management |  |
| Programming and Scheduling |  | Health and Safety Management systems |  |
| Procurement and Tendering |  | Health and Safety Performance (audit andreviews) |  |
| Contracts and Project Administration |  | Health and Safety Hazards Identification |  |
| Risk Management |  | Health and Safety Risk Management |  |
| Feasibility Analysis, Project Cost Control and Appraisal |  | People and Health and Safety Culture |  |
| Health, Safety Management and Rules and Regulations |  | Health and Safety Standards |  |
| Conflict Resolution and Management |  | Innovation and Technology in Health and Safety |  |
| Stakeholder Management |  | Health and Safety Procurement Management |  |
| Construction Technology and Innovation |  | Health and Safety Cost Management |  |
| Sustainable Construction and Management |  | Health and Safety Accident and Incident Investigation |  |
| BIM Management |  | Health, Hygiene and Environmental Management |  |
| Financial Modelling and Project Finance |  | Health and Safety Communication Management |  |
| Environmental Management |  | Emergency Preparedness Management |  |

# MENTORSHIP ACTIVITY REPORT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Date** | **Duration** | **Details** | **Candidate Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Declaration:

I declare that the information provided above is a true reflection of the activities I undertook for a period of three months.

|  |  |  |
| --- | --- | --- |
| Dated this  | day of  | 20 |

Signature: