

Application for Approval of a Continuous Professional Development (CPD) Activity



The South African
Council *for* Planners
S A C P L A N

Hard copies of the application may be hand delivered or posted to:

- International Business Gateway Office Park, Cnr New Road & 6th Road, Midridge Office Park -Block G. 1st Floor.
- P O Box 1084, Halfway House, MIDRAND, 1685

The electronic copy must be in MS Word/PDF format and can be emailed to planner@sacplan.co.za.

Please complete and return	
1. Provider applying for approval of CPD activity	
Name of Provider / Body:	
Known as:	
Phone:	
Fax:	
Email address:	
Website:	
VAT Number:	
Physical address:	Country
	Province
	City
	Address 1
	Address 2
	Address 3
Postal Code:	

2. Person who actually is responsible on behalf of the applying body

Full Name and Surname:	
Title (Prof / Dr / Mr / Ms):	
Position held:	
Phone:	
Email address:	
Activity offered:	
<p>.....</p> <p>.....</p> <p>.....</p>	

3. Details of Activity:

Title:	
Province:	
City:	
Location (venue of activity):	
Originator:	
Name of Presenter(s):	
Duration of activity:	
Target participants:	
Nature of Activity:	
Is this activity promoting a product?	

Motivation for activity to be approved

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Please add the following information as annexures:

- Please ensure that the application is submitted in advance of commencement of the activity to allow for the approval process.
- Study guide and course outline (design, content, learning materials, NQF Level (if applicable), credits (if applicable));
- Outcomes of the activity;
- Workshop programme;
- Intended method of activity evaluation;
- Evaluation forms for obtaining feedback from participants for rating the relevance, quality and effectiveness of the activity;
- CVs of teaching staff;
- Cost of attending;
- Funders of the training (if applicable);
- Is the course or training accredited by any professional body for CPD (indicate professional body).

DECLARATION

1. With the submission of this application I/we the applicant, declare that:
- I am/my/our organisation is not disqualified from having the proposed CPD activity validated by SACPLAN or any other Professional body;
 - I am/my/our organisation is not subject to suspension from registration by any other professional body;
 - All the particulars furnished by me/us in this form are true and correct;
 - I am/my/our organisation will abide by the SACPLAN professional code of ethics;
 - 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 SACPLAN accordingly; and
 - I recognise the authority of SACPLAN to cancel the approval of the CPD activity in the event of non-compliance with the approval criteria.

2. With the submission of this application I/we the applicant, further agree to allow a maximum of two (2) SACPLAN representatives to attend the activity free of charge, for evaluation purposes.

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

Full Name:

Designation:

DD-MM-YYYY

Signature

Date