



SACSSP

**APPLICATION FOR APPROVAL TO PROVIDE A CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
GROUP ACTIVITY**

Please complete and submit to the CPD Approval Panel at SACSSP Private Bag X 12 Gezina 0031 or submit by hand to: 37 Annie Botha Ave, Riviera, Pretoria or fax to: 012- 356 8400 or e- mail to cpd@sacssp.co.za

A. Provider Information	Contact person			
	Contact details (please fill in)			
	Telephone number (please fill in)			
	Cellular phone number (please fill in)			
	E- mail address (please fill in)			
	Fax number			
	NGO registration number (<i>if applicable</i>)			
	Government Department			
	Other (please fill in)			
	To which e-mail or fax number should we send the CPD Panel feedback?			
B. Presenter/ Facilitator Information <i>[if different from A]</i>	Full names			
	Contact details			
	Qualification(s)			
	Special expertise & experience			
C. Name of the activity				
Activities				
<i>See CPD Policy for definitions [Indicate your estimate in terms of high, average, low or none in the 1st 3 columns and the duration in hours in the 4th column]</i>				
Type	Participation	Knowledge	Skills Development	Duration of the activity in hours (please exclude registration, tea and lunch breaks)
Conference, Congress/ Symposium				

Workshop				
Small Group Discussion/s				
Information session/s				
Target group/ s				
Number of expected attendees				
Planned date/s for the specific activity (please fill in)				
Location of activity (address, town and province)				
Objectives of activity				
Topic or name of the activity(please fill in)				
Indicate which of the following best describe the value and purpose of the CPD activity: <i>[Show with a X]</i>	To build knowledge, skills and competencies			
	To provide services that are relevant and appropriate, especially in the South African context			
	To improve service delivery to individuals, families, groups, communities or organisations			
	To facilitate reflective practice			
	To keep abreast of current trends, research and developments in the profession			
	To assert their professional view in multi-sectoral and multi-disciplinary contexts			
	To function effectively as a member of the multi-disciplinary team			
	To motivate to continue with practising the profession			
	To be supported by & network with other professionals			
	To reduce occupational stress			
To create opportunities to develop own business in providing CPD activities				
How will this CPD activity promote ethical practice? <i>(please fill in)</i>				
How will you ensure participation is for the full course/ duration? <i>(please fill in)</i>				

How will you, as provider, assess whether the activity contributed to CPD of those who attended? <i>(please fill in)</i>	
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Administrative fee per activity *(please fill in)*

*Please note: No application will be assessed without any submitted proof of payment
No cheques payments are allowed*

No fee charged: R100.00		Fee charged: R500.00	
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The CPD application checklist

1. a detailed programme or agenda of the CPD activity must be attached
 2. indicating the times
 3. the topics and the details of the speaker/ presenters for the full duration of the activity
 4. brief CVs of presenters/facilitators MUST be attached
- Note:** If the application is for a series of activities such as monthly small group discussions then the list of the groups as given on the next page must be attached.

If approved, I would like the activity to be published on the SACSSP's website:	Yes	
	No	

If the activity/s is approved, I undertake to –

- place the CPD approval number and approved number of CPD points on all documents relating to the approved activity
- monitor attendance and submit a list of the names, SACSSP registration numbers and signatures of those who attended, participated, facilitated and presented to the SACSSP on the request of the SACSSP
- to issue CPD certificates within a period of 4 weeks to each and every participant.
- not to deviate from the submitted programme.

Name (print): _____ Date: _____

Signature: _____

Please note: that applications that do not meet all the requirements will not be considered

Please note: The outcome of the application will only be made known once full payment for the application has been received

If you are applying for the provision of a CPD group activity that will be presented on a number of occasions/ to a target group at the same location or to a number of target groups at different locations, complete Form CPD 1 AND attach the following completed list.

Note: This refers ONLY to the same CPD group activity [*such as small group discussions, group supervision, in-service training or Journal Clubs*] but does NOT refer to different types of CPD activities with different objectives as EACH CPD activity must be approved separately with separate forms being submitted

LIST OF CPD ACTIVITY PRESENTATIONS							
Please specify the type of CPD activity: _____ (please note that it should be one activity per application form)							
Date of the activity	Topic of the specific activity	Name of presenter/ facilitator	Venue/ location	Number of target group	Starting and end time of the activity	Duration of the activity in hours (please exclude registration, tea and lunch breaks)	