

Page 1 of 3	CPD Developmental Activity Application Form	 ECSA <small>ENGINEERING COUNCIL OF SOUTH AFRICA</small>
Form No.: CPD-ECPD2		
Effective Date: 14 November 2024		
Rev No: 5		

Please complete and return to the relevant ECSA CPD Licensed Body.

1. Provider applying for the validation of an activity in terms of the CPD Standard:

Name of CPD Service Provider:	
Unique Verification Number:	
Website:	

2. Person who is applying for validation on behalf of the CPD Service Provider:

Surname and Initials:	
Title (Prof/Dr/Mr /Ms):	
Designation:	
Phone Number:	
Email Address:	

3. Details of the Activity:

Title:	
Duration in Notional Hours:	
Location:	Province
	City
Mode of Delivery:	Online, face-to-face, or hybrid format
Target Participants:	Engineering category and discipline
Scope of the Activity:	
Learning Outcomes:	
Type of Activity:	Conference, congress, workshop, lecture, seminar, course, etc.

CONTROLLED DISCLOSURE

It is the responsibility of the user to ensure that the latest version is used. The latest version will be published on our website.

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4. Details of the Activity Presenters:	
Surname and Initials:	
Title (Prof/Dr/Mr./Ms.):	
Phone Number:	
Email Address:	
Presenter's ID or ECSA Registration Number:	

REQUIREMENTS THAT NEED TO BE FULFILLED WHEN APPLYING FOR VALIDATION: CHECKLIST

<u>Administrative</u>	Tick
1) A fully completed application form must be submitted to the CPD Licensed Body in the format and method prescribed by the CPD Licensed Body.	
2) Full details of the CPD activity must be provided: title, duration, location, mode of delivery, scope, learning outcomes, and type of activity.	Provide info in Section 3, above
3) The engineering registration category and discipline for the target audience must be indicated (e.g., Professional Engineer: Mechanical). If there are multiple categories, these categories must be indicated).	Provide info in Section 3, above
4) Details of the presenter must include the title, name, surname, and contact details.	Provide info in Section 4, above
5) The presenter's expertise must be provided in the form of an abridged CV or biography to indicate experience and educational achievements.	
6) A copy of the presenter's ID, ECSA registration number, or any other form of official identification is also required. If a registration number is provided as identification, the Licensed Body must verify this. In line with the Protection of Personal Information Act, 4 of 2013 (POPIA), the information can be collected and must be kept in compliance with the act.	
7) Availability for the period of the activity must be confirmed by the presenter as a signed agreement, a confirmation email, or a contract of employment. Should the presenter be changed due to unforeseen circumstances, the details of the new presenter must be submitted to the CPD Licensed body for review together with the reason for the change.	
8) The participants must be made aware of the reimbursement procedures (by the reimbursement policy referred to above).	

<u>Core</u>	Tick
9) The CPD Service Provider must demonstrate how the quality of the CPD activity is ensured. The quality of the CPD activity includes the entire learning and development process for the activity (e.g., course content, assessments, instructional and learning material, attendance, and certification).	

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10)	A process for aggregating notional hours to ECSA credits for the activity.	
11)	Course Materials (includes course content and assessment tools).	
12)	All validated CPD Activities must be mapped against ECSA's professional competencies as part of the process of developing the learning outcomes. The activity's objectives and outcomes must be submitted.	
13)	Details of pricing activities and costs must be provided to the CPD Licensed Body.	

Supporting documentation for the items indicated in the checklist must be saved according to the requirement numbering and submitted with form ECPD2 to the ECSA CPD Licensed Body.

I, _____ in my capacity as
 _____ an authorised representative of the
 _____ hereby

applies, on behalf of the identified CPD Service Provider for validation of the above-mentioned activity in terms of the Rules: Continuing Professional Development and Renewal of Registration as seen in the Government Gazette and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I enclose the required information/documentation in substantiation of the application and confirm that the information/documentation, to the best of my knowledge, is accurate and complete.

Signed on the _____ day of _____ (month & year).

 Signature

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