

Page 1 of 3	CPD Developmental Activity Registration Form	 ECOSA <small>ENGINEERING COUNCIL OF SOUTH AFRICA</small>
Form No.: CPD-ECPD3		
Effective Date: 14 November 2024		
Rev No: 6		

Completion of the sections marked with an asterisk (*) is compulsory.

<i>Only to be completed by an ECOSA CPD Licensed Body and submitted to ECOSA.</i>																	
Name the Licensed Body that validated the activity: *																	
Name of Verified CPD Service Provider: *																	
Service Provider Verification Nr.: *																	
Course Category: *	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Colloquiums</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Lectures</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Conferences</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Refresher Courses</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Congresses</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Seminar</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Large Group Workshops</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>E-learning/Online</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Colloquiums	<input type="checkbox"/>	Lectures	<input type="checkbox"/>	Conferences	<input type="checkbox"/>	Refresher Courses	<input type="checkbox"/>	Congresses	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Large Group Workshops	<input type="checkbox"/>	E-learning/Online	<input type="checkbox"/>
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Activity Title: *																	
Activity Validation Number: *	<small>No spaces are allowed between letters and numbers of the validation number.</small>																
Province:																	
City:																	
Presenter's Name: *																	
Presenter's ID or ECOSA Registration Number: *																	
Notional Hours: *																	
Credits: *	<small>In essence, 10 notional hours are equivalent to 1 credit.</small>																
Category of Registration: *	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Professional Engineer</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Professional Engineer Technologist</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Professional Certificated Engineer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Professional Engineer Technician</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Specified Category</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Professional Engineer	<input type="checkbox"/>	Professional Engineer Technologist	<input type="checkbox"/>	Professional Certificated Engineer	<input type="checkbox"/>	Professional Engineer Technician	<input type="checkbox"/>	Specified Category	<input type="checkbox"/>	All	<input type="checkbox"/>				
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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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Discipline: *	Aeronautical <input type="checkbox"/>	Mechanical <input type="checkbox"/>
	Agricultural <input type="checkbox"/>	Mechatronics <input type="checkbox"/>
	Chemical <input type="checkbox"/>	Metallurgical <input type="checkbox"/>
	Civil <input type="checkbox"/>	Mining <input type="checkbox"/>
	Electrical <input type="checkbox"/>	Industrial <input type="checkbox"/>
	Electronics <input type="checkbox"/>	All <input type="checkbox"/>
Nature of Activity:	Engineering <input type="checkbox"/>	Project Management <input type="checkbox"/>
	Technical <input type="checkbox"/>	Legal <input type="checkbox"/>
	Office <input type="checkbox"/>	Finance <input type="checkbox"/>
	Computer Skills <input type="checkbox"/>	Interpersonal Skills <input type="checkbox"/>
	General Management <input type="checkbox"/>	
Description:		
Instances: *	Single <input type="checkbox"/>	Multiple <input type="checkbox"/>
Validation Period: *	Valid from:	Valid to:

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I, _____ on behalf of the

_____ (name of the ECSA CPD Licensed Body) hereby declare that the activity as stipulated on the first page of this document has met/not met all the requirements for validation as an ECSA CPD Pre-validated 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 further confirm that the ECSA CPD Pre-validated activity was awarded the following outcome:

Full Validation

Signature

Date

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