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

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| *Please complete and return to the appropriate ECSA CPD Licensed Body* |
| **1. Organisation Details:** |
| **Name of the Organisation:\*** |  |
| **Known As:** |  |
| **Phone Number: \*** |  |
| **Website:\*** |  |
| **Email Address:\*** |  |
| **VAT Number: \*** |  |
| **Physical Address: \*** | Country |
| Province |
| City |
| Address 1 |
| Address 2 |
| Address 3 |
| **Zip/Postal Code: \*** |  |

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| **2. Person who is applying for verification on behalf of the organisation:** |
| **Surname and Initials:\*** |  |
| **Title (Prof/Dr/Mr/Ms):\*** |  |
| **Position Held: \*** |  |
| **Phone Number:\*** |  |
| **Email Address:\*** |  |
|  **Identification Number:\*** |  |

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| **3. Person who is acting as the administrator on behalf of the organisation:** |
| **Surname and Initials:\*** |  |
| **Title (Prof/Dr/Mr/Ms):\*** |  |
| **Position Held: \*** |  |
| **Phone Number:\*** |  |
| **Email Address:\*** |  |
|  **Identification Number:\*** |  |

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| **REQUIREMENTS THAT NEEDS TO BE FULFILLED WHEN APPLYING FOR VERIFICATION: CHECKLIST** |
| 1. Valid certified company registration certificate.
 | Yes/No |
| 1. Company profile.
 | Yes/No |
| 1. Scope of CPD Developmental Activities (registration category, discipline, area of specialisation and type of programme).
 | Yes/No |
| 1. Valid tax clearance certificate (good standing with SARS or equivalent).
 | Yes/No |
| 1. Processes for certifying activities and participant attendance confirmation.
 | Yes/No |
| 1. Agreements in place (e.g. for venue, presenters, coordinators) – if services are to be outsourced, supporting documents must be provided with detailed information.
 | Yes/No |
| 1. Contingency plans in place if certain services are outsourced to ensure that registered persons receive the purchased CPD Activities.
 | Yes/No |
| 1. Refund policy in place.
 | Yes/No |
| 1. Evidence of a Comprehensive Quality Management System (refer to section 10.2 of the STA).
 | Yes/No |
| 1. Evidence of being an ECSA CPD Licensed Body in good standing
 | Yes/No |

 *Form* ***(ECPD7)*** *must be submitted together with the supporting documents identified in the above checklist.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and authorised representative of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby apply, on behalf of the organisation to be recognised as a ECSA CPD Verified Service Provider in terms of the

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Rules: Continuing Professional Development and Renewal of Registration (Board notice 86 of 2017) 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).

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Signature