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| Page **1** of **3** | **CPD Licensed Body** **Application Form***(Only for use by an ECSA Voluntary Association or an* *Accredited Higher Education Institution)* |  |
| **Form No.:** **CPD-ECPD8** |
| **Effective Date**: **27 July 2021** |
| **Rev No: 0** |

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

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| **1. Organisation Details:** |
| **Name of Organisation:\*** |  |
| **Known As:** |  |
| **Phone Number:** **\*** |  |
| **Website Address:\*** |  |
| **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 on behalf of the above organisation:** |
| **Surname and Initials:\*** |  |
| **Title (Prof/Dr/Mr./Ms.):\*** |  |
| **Position Held: \*** |  |
| **Phone Number:\*** |  |
| **Email Address:\*** |  |
|  **Identification Number:\*** |  |

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| Page **2** of **3** | **CPD Licensed Body** **Application Form***(Only for use by an ECSA Voluntary Association or* *Accredited Higher Education Institution)* |  |
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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 LICENSING: CHECKLIST** |
| *ECSA Voluntary Association to fulfill requirements: 1, 2, 3, 4, 5, 6 and 7**ECSA Higher Education Institution to fulfill requirements: 1 2, 3, 4, 5, 6, 7, 8 and 9* |
| 1. Completed (ECPD8) application form.
 | Yes/No |
| 1. Head Office that is appropriately equipped and accessible to CPD Service Providers.
 | Yes/No |
| 1. Contactable CPD Administrator.
 | Yes/No |
| 1. Adequate support to verify CPD Service Providers and validate CPD Activities.
 | Yes/No |
| 1. Registration category and discipline.
 | Yes/No |
| 1. Operational website to list and market the verified CPD Service Providers and validated CPD Activities.
 | Yes/No |
| 1. Submission of proposed cost for verifying CPD Service Providers and validating CPD Activities.
 | Yes/No |
| 1. Accreditation letter of Engineering Programme/s from CHE.
 | Yes/No |
| 1. Organisational Structure/s where the Engineering Programme and related courses are offered
 | Yes/No |

 *Form* ***(ECPD8)*** *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 identified organisation to be recognised as a ECSA CPD Licensed Body in terms of the Rules: Continuing Professional Development and Renewal of Registration (Board notice 86 of 2017) and

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| Page **3** of **3** | **CPD Licensed Body** **Application Form***(Only for use by an ECSA Voluntary Association or* *Accredited Higher Education Institution)* |  |
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Section 9 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.

I further confirm that the organisation comply with: \*

*\* Tick appropriate block*

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|  | Section 3 (Category A) or Section 4 (Category B) of the Board Notice 60 of 2017, Engineering Profession Act, 46 of 2000 “Rules in terms of Section 36(1) – Requirements for Recognition as a Voluntary Association”. |
|  | Offers engineering programmes that have been granted accreditation by the Council in terms of section 13(b) of the Engineering Profession Act (No. 46 of 2000). |

Signed on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month & year).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature