

Page 1 of 4	CPD Licensed Body Application Form <i>(Only for use by an ECSA-recognised Voluntary Association or a Higher Education Institution)</i>	 ECSA <small>ENGINEERING COUNCIL OF SOUTH AFRICA</small>
Form No.: CPD-ECPD8		
Effective Date: 01 April 2025		
Rev No: 1		

1. Organisation Details:

Name of Organisation:	
Known As:	
Phone Number:	
Website:	
Email Address:	
VAT Number:	
Physical Address:	Country
	Province
	City
	Address 1
	Address 2
	Address 3
Postal Code:	

2. Person who is applying for recognition on behalf of the organisation:

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

CONTROLLED DISCLOSURE

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3. Person who is acting as the CPD Administrator on behalf of the organisation:	
Surname and Initials:	
Title (Prof/Dr/Mr./Ms.):	
Designation:	
Contact Number:	
Email Address:	

REQUIREMENTS THAT NEED TO BE FULFILLED WHEN APPLYING FOR RECOGNITION: CHECKLIST	
Items indicated with an asterisk* must include documentary evidence and submitted in the order of numbering	
1) A completed recognition application form submitted in the format and method prescribed by ECSA.	Yes/No *
2) Head Office that is appropriately equipped and accessible to CPD Service Providers.	Yes/No *
3) The governance structure for CPD management.	Yes/No *
4) Contactable CPD Administrator and accountable CPD Officer	Yes/No *
5) Adequate resources to verify CPD Service Providers (if applicable as per the approved terms of recognition).	Yes/No *
6) Adequate resources to validate CPD Activities.	Yes/No *
7) Perform CPD functions within its specified scope of competence	Yes/No *
8) Operational website that lists all Verified CPD Service Providers and validated CPD Activities.	Yes/No *
9) Submission of proposed cost for verifying CPD Service Providers and validating CPD Activities.	Yes/No *
10) Customer complaint system and process	Yes/No *

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11) Evidence of a comprehensive Quality Management System (QMS) related to the administration of verifying service providers and validating activities. The QMS includes at least the following elements:	Yes/No *
a) Procedure and systems for verification: <ul style="list-style-type: none"> • Documented process and procedure • Database and system containing information on VSPs (approvals, approvals with recommendations and rejections) • Procedure and system for generating verification numbers 	Yes/No *
b) Procedure and systems for validation: <ul style="list-style-type: none"> • Documented process and procedure • Database and system containing information on activities (approvals and rejections). • Procedure and system for generating validation numbers 	Yes/No *
12) Resources Plan	Yes/No *
13) Audit and Review Plan	Yes/No *
14) Appeal system and process	Yes/No *
15) Document and data control procedures and systems.	Yes/No *
16) Compliance with the Rules in terms of requirements for recognition as a VA (for VAs only).	Yes/No *
17) Accreditation letter of Programs from CHE or equivalent (for HEIs only).	Yes/No *

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

on behalf of the identified organisation to be recognised as an ECSA CPD Licensed Body in terms of the Rules: Continuing Professional Development and Renewal of Registration as seen in the Government Gazette and 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.

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I further confirm that the organisation complies with the *

* *Tick the appropriate block*

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 programs that have been granted accreditation by the Council on Higher Education in terms of section 13(b) of the Engineering Profession Act (No. 46 of 2000).

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

Signature

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