

APPLICATION FOR APPROVAL OF A CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITY

Please complete and return to:
The appropriate Recognised Voluntary Association

1. BODY APPLYING FOR ACTIVITY APPROVAL IN TERMS OF ECSA CPD POLICY	
1.1	Name of body
1.2	Postal Address
1.3	Telephone number
1.4	Fax number
1.5	E-mail address

2. PERSON WHO ACTUALLY IS RESPONSIBLE ON BEHALF OF THE APPLYING BODY	
2.1	Initials and Surname
2.2	Title (Prof/Dr/Mr /Ms)
2.3	Position held by responsible person in body
2.4	Direct contact telephone number
2.5	Cellular telephone number

3. ACTIVITY OFFERED
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4. DETAILS OF ACTIVITY	
a) Title Activity	
b) Name of Presenter/s	
c) Duration of Activity	
d) Target Participants: (Discipline and Category of Registered Persons)	
e) Is the activity promoting a product?	

5. MOTIVATION FOR ACTIVITY TO BE APPROVED
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Evaluation forms for obtaining feedback from participants for rating of the relevance, quality and effectiveness of the activity, must be attached to this application.

I, on behalf of the
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(name of the body) hereby certify that I am fully aware of the statutory requirements of continuing professional development as described in the ECSA Policy Document and undertake to comply with the requirements of serving as an approved provider for this activity.

SIGNATURE

DATE

POSITION HELD IN BODY

PLACE