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| Page 1 of 3                         | <p align="center"><b>CPD Service Provider<br/>Application Form</b></p> <p align="center"><b>ECSA Licensed Bodies</b></p> |  |
| Form No.:<br>CPD-ECPD7              |                                                                                                                          |                                                                                     |
| Effective Date:<br>14 November 2024 |                                                                                                                          |                                                                                     |
| Rev No: 5                           |                                                                                                                          |                                                                                     |

*Please complete and return to the ECSA.*

|                             |           |
|-----------------------------|-----------|
| <b>1. Provider Details:</b> |           |
| Name of the Provider:       |           |
| Known As:                   |           |
| Contact Number:             |           |
| Webpage:                    |           |
| Email Address:              |           |
| VAT Number:                 |           |
| Physical Address:           | Country   |
|                             | Province  |
|                             | City      |
|                             | Address 1 |
|                             | Address 2 |
|                             | Address 3 |
| Postal Code:                |           |

|                                                                                  |  |
|----------------------------------------------------------------------------------|--|
| <b>2. Person who is applying for verification on behalf of the organisation:</b> |  |
| Name and Surname:                                                                |  |
| Title (Prof/Dr/Mr/Ms):                                                           |  |
| Designation:                                                                     |  |
| Contact Number:                                                                  |  |
| Email Address:                                                                   |  |

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| Form No.: CPD-ECPD7                 |                                                                                                                          |                                                                                    |
| Effective Date:<br>14 November 2024 |                                                                                                                          |                                                                                    |
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| <b>3. The person who is acting as the administrator on behalf of the organization:</b> |  |
| Name and Surname:                                                                      |  |
| Title (Prof/Dr/Mr/Ms):                                                                 |  |
| Designation:                                                                           |  |
| Contact Number:                                                                        |  |
| Email Address:                                                                         |  |

|                                                                                                                      |                                        |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>REQUIREMENTS THAT NEED TO BE IN PLACE WHEN APPLYING FOR VERIFICATION: CHECKLIST</b>                               |                                        |
| <i>* These are not required for service providers that are not generating an income from offering CPD activities</i> |                                        |
| <b><u>Administrative</u></b>                                                                                         | Tick                                   |
| 1) Legitimate company or organisational registration or equivalent.                                                  |                                        |
| 2) Company profile.                                                                                                  |                                        |
| 3) Accountability Structure for CPD management.                                                                      |                                        |
| 4) Service Provider's contact details (physical address, contact number, email addresses.)                           | Provide info in<br>Section 1,<br>above |
| 5) * Recent Tax clearance certificate (good standing with SARS or equivalent).                                       |                                        |

|                                                                                                                                                                                                                                                 |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b><u>Core</u></b>                                                                                                                                                                                                                              | Tick |
| 1) Scope of CPD Developmental Activities (registration category, discipline, area of specialisation, and type of activity).                                                                                                                     |      |
| 2) Agreements in place (e.g. for venue, presenters, coordinators) – if services are to be outsourced, supporting documents must be provided with detailed information.                                                                          |      |
| 3) * Contingency and control systems in place to address cancellation, rescheduling, or revision to the CPD activity.                                                                                                                           |      |
| 4) * Documented refund policy.                                                                                                                                                                                                                  |      |
| 5) * CPD Service Providers should demonstrate adherence to the values of diversity, accessibility, inclusivity, equity, and transformation. To that end, the costing model should take into account the latter factors to ensure affordability. |      |

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| Form No.: CPD-ECPD7                 |                                                                                                                          |                                                                                    |
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|    |                                                                                                                                                                                       |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6) | A quality management system with the stipulated elements related to the administration and offering of CPD Activities as follows: participants:                                       |  |
| a) | A broad outline of the program of activities for the forthcoming year.                                                                                                                |  |
| b) | A database containing information on CPD Activities (approved, in process, and rejected).                                                                                             |  |
| c) | Document and data control procedures and systems.                                                                                                                                     |  |
| d) | Procedure and systems for enrolment and registration of participants.                                                                                                                 |  |
| e) | Procedure and system for monitoring and recording attendance for the duration of the activity.                                                                                        |  |
| f) | Procedure and system used to assess the learners. The assessment method must be communicated to the participants. If there is no assessment of participants, this must be documented. |  |
| g) | Procedure and system for issuing course/activity certificates (to include an example of the attendance certificate).                                                                  |  |
| h) | Procedure and system to be used to obtain feedback from the participants to evaluate the CPD activity and presenters.                                                                 |  |
| i) | A quality assurance process to meet the requirements for validating CPD Activities.                                                                                                   |  |

*Supporting documentation for the items indicated in the checklist must be saved according to the requirement numbering and submitted with form ECPD7 to the ECSA CPD Licensed Body.*

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_  
 \_\_\_\_\_ an authorised representative of the  
 \_\_\_\_\_ hereby applies,  
 on behalf of the organisation to be recognised as an ECSA CPD Verified Service Provider 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 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).

\_\_\_\_\_  
 Signature

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