


Page 1 of 3	Application for Approval of a Continuing Professional Development (CPD) Activity	
Form No.:		
Effective Date: 22 January 2020		
Rev No:		


Please complete and return to: (The appropriate Licensing Body (CPD Validator) LEEASA)

1. Provider applying for Activity Approval in terms of LEEASA's CPD Policy:

Name of Provider:	
Known As:	
Phone:	
Fax:	
Website:	
Email address:	
VAT Number:	
Physical Address:	Country
	Province
	City
	Address 1
	Address 2
	Address 3
Zip/Postal Code:	


2. Person Who Actually Is Responsible On Behalf Of The Applying Body

Full Name and Surname:	
Title (Prof/Dr/Mr. /Ms.):	
Position held:	
Phone number:	
Email address:	

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Activity offered: (description)
.....
.....
.....
.....

Details of Activity:																					
Title:																					
Province:																					
City:																					
Location:																					
Originator:																					
Name of Presenter/s																					
Duration of Activity																					
Target Participants: <i>(Discipline and Category of Registered Persons)</i>																					
Nature of Activity:	<table style="width: 100%; border: none;"> <tr> <td>Engineering</td> <td><input type="checkbox"/></td> <td>Project Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Technical</td> <td><input type="checkbox"/></td> <td>Legal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Office</td> <td><input type="checkbox"/></td> <td>Finance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Computer Skills</td> <td><input type="checkbox"/></td> <td>Interpersonal Skills</td> <td><input type="checkbox"/></td> </tr> <tr> <td>General Management</td> <td><input type="checkbox"/></td> <td>Other (specify)</td> <td><input type="checkbox"/></td> </tr> </table>	Engineering	<input type="checkbox"/>	Project Management	<input type="checkbox"/>	Technical	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Office	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Interpersonal Skills	<input type="checkbox"/>	General Management	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
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General Management	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>																		
Is the activity promoting a product?																					

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Motivation for Activity to be Approved:
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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
..... (name of the body)
hereby certify that I am fully aware of the statutory requirements of Continuing Professional Development as described in the Rules by ECSA on CPD (Board notice 86 of 2017) and the Standard (ECPD-01-Std) and undertake to comply with the requirements of serving as an approved provider for this activity.

Signature

Date