## Logo, company name Description automatically generated

## CPD APPLICATION FORM

(single)

**Privacy Statement:** We will only use the personal information you provide in this form to deliver our services to you, process payments, to administrate service delivery for training, education, professionalism, events, other products and services and the issuing of attendance confirmation or certificates and professional certificates. We will not be able to process your application without the provision of this information. If you have any questions about how we use your personal information, please send them to [rianne@compliancesa.com](mailto:rianne@compliancesa.com).

## Compliance Institute SA CPD Approval Application for Corporate, Private and Public Providers

**CPD provider details**

All fields in the table below are compulsory. Please indicate Not Applicable where this is the case

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal name of provider or company** |  | | | | | | | | |
| **Trading name of provider or company** |  | | | | Vat No. | |  | | |
| **Company registration number** |  | | | | Tax clearance | | Yes | | No |
| **Authorized contact person** | Name: | | | | | | | | |
| E-Mail: | | | | | | | | |
| Cell Phone: | | | | | | | | |
| Telephone: | | | | | | | | |
| Position in Provider/Company: | | | | | | | | |
| **Alternative contact** | Name: | | | | | | | | |
| E-Mail: | | | | | | | | |
| Cell Phone: | | | | | | | | |
| Telephone: | | | | | | | | |
| Position in Provider/Company: | | | | | | | | |
| **Type of Business** | University | Accredited training provider | Corporate | | | | | Professional Body | |
| Industry Association  Partnership | | Private company/individual | | | | | | |
| **SETA/QCTO/Dept. of Higher Education accreditation (if applicable)** |  | | | | | | | | |
| **Physical address of Head Office or Main Office** |  | | | | | | | | |
| **Web address** |  | | | | | | | | |
| **Postal Address** |  | | | | | | | | |
|  | | | **Postal Code** | |  | | | |

**CPD Approval format per event:**

|  |  |  |
| --- | --- | --- |
|  | **Learning event (1)** | **Description** |
| **1.** | Title and brief description of the CPD event  Eg. Delivery of event: (seminar, facilitated session, online training, etc.) |  |
| **2.** | Summary of event  *(Provide brochures if available*) |  |
| **3.** | Please provide outcomes of programme |  |
| **4.** | Provide copies of Agenda and outline of presentation (where applicable) |  |
| **5.** | Target Audience/ client profile |  |
| **6.** | Speaker information – attach cv’s |  |
| **7.** | Duration of the event |  |
| **8.** | Fee charged for the event (not applicable to Corporates) |  |
| **9.** | Assessment process (Where relevant – description of methods and tools) | Case Study / Presentation / Group discussions/Assignment |

**CPD quality assurance and reporting process:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event** | **Yes** | **No** | **Comments** |
| Process to update learning material frequently |  |  |  |
| Process to quality assure the delivery of events/training (facilitators, venues, etc) |  |  |  |
| Do you have a record keeping system in place? |  |  |  |
| If yes, please describe the process |  | | |

**Application process:**

1. Complete the **Application form** on the Institute website or contact [professionalism@compliancesa.com](mailto:professionalism@compliancesa.com) to obtain a copy.

Complete the form and submit all supporting documentation (attached to the application form) to [professionalism@compliancesa.com](mailto:professionalism@compliancesa.com).

1. The application will be evaluated at the next meeting of the Education, Training and Professionalism committee. Please allow at least 2 weeks for processing.
2. Once the application has been approved, an invoice will be rendered. The approval letter will reflect your CPD registration number if your application has been successful.

**Costs involved:**

The endorsement fees include the following:

* Administration costs
* Quality assurance costs
* Ad hoc attendance of Compliance Institute representatives

**Public Institutions and Private Providers**

Fees per CPD programme are as follows:

|  |  |
| --- | --- |
| **Duration (Contact time)** | **Fee for approval** |
| Newsletter approval | R607.20 per edition (incl.VAT) |
| Articles approval | R 316.25 per article (incl.VAT) |
| Annual registration per company | R 4,427.50 (incl.VAT) |
| Application per CPD hour | R 316.25 (incl.VAT)  (E.g. Registered programme of 4 hours x R316.25 = R1,265.00 incl.VAT) |

* 15% VAT applied.
* The CPD fees cover the administration and quality assurance costs and ad hoc attendance by the Compliance Institute.

**Corporate businesses (In-house CPD sessions)**

|  |  |
| --- | --- |
|  | **Fee for approval** |
| **Corporate companies** who offer in-house CPD programmes to their employees | R12,650.00 per annum to offer unlimited CPD events (incl. VAT) |

* 15% VAT applied.
* The CPD fees cover the administration and quality assurance costs and ad hoc attendance by the Compliance Institute.

**What supporting documentation should accompany my application?**

**CHECKLIST: (Mandatory for all applications)**

**Required documentation:**

|  |  |
| --- | --- |
| Copies of: |  |
| Company registration documentation |  |
| Tax clearance certificate |  |
| Format of CPD programme (Example of Agenda) |  |
| Brochures of programmes, modules |  |
| List of outcomes of the compliance modules or programmes being offered in order to map the learning requirements to cover the compliance framework. (Include assessment methods and format) |  |
| Presentation slides |  |
| Names and curriculum vitae of facilitators |  |
| Template of Attendance register |  |
| Template of learner evaluation form |  |

**Event Specific Documentation requirements and Attendance registers**

|  |  |
| --- | --- |
| **Type of activity** | **Supporting documentation required:** |
| Workshops/ training sessions | * Session times, topics and presenters * Reviews * Presenters/Facilitators: summary CV/qualifications and experience *(Not applicable to corporates)* |
| Conferences | * Session times, topics and presenters or invitation * Copies of reviews required * Attendance registers |
| CPD programmes/sessions | * Outline of topics being presented * Copies of reviews required * Agenda of programme including- Presenters/Facilitators (including summary CV/qualifications and experience) *(Not applicable to corporates)* * Attendance register |

|  |  |
| --- | --- |
| Attendance register requirements for CPD activities mentioned above: | * The name and ID number of the attendee, * CPD programme/Course/conference tittle * Time and dates of attendance of activity * The number of CPD hours awarded to the activity * *The CPD provider registration number from CI (applicable to Private and Public Providers*) |

**STANDARD CONDITIONS IN THE AGREEMENT:**

* All agreements are effective for 12 months. The agreement can be annually renewed at the option of the Institute. Application for renewal must be submitted to Institute 1 month prior to expiry. All renewals of agreements will be subject to the formal endorsement process and criteria as detailed above;
* All risks associated with any CPD session or hosting of the event such as unpaid fees and cancellation of a scheduled course or event at short notice, for whatever reason, will be borne by the training provider or the applicant, and not the Compliance Institute.
* Evaluations must be conducted after each CPD intervention and provided to the Institute within two weeks of the CPD session. The Institute may recommend remedial action and require relevant proof if applicable.
* All application fees must be received before the organisation will be recorded and advertised on the approved provider list for Compliance Institute CPD endorsement.
* All providers must be able to record the identity of all attendees and provide verifiable

evidence that the attendee attended the event and completed the programme.

* Attendance registers containing name, contact details and ID/passport number of all

attendees– please ensure that you disclose this to your attendees for POPI purposes.

* CI SA does not endorse any CPD event but evaluates and approves the CPD

programmes/activities in terms of the documents mentioned above and allocates CPD

points accordingly. One CPD point is equal to one CPD hour.

* Standard breach of contract clause applies.

I, (Name and Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ duly representing,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organisation Name) agree to the terms and conditions

stipulated in this agreement.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_