## Logo, company name Description automatically generated

## CPD APPLICATION OF RENEWAL FORM

(multiple)

**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 [privacy@compliancesa.com](mailto:privacy@compliancesa.com).

## Compliance Institute SA CPD Renewal 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:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Programme approval detail** | | **Changes of programme** |
| **Programme renewal title** |  | |  |
| **CPD registration number of programme** |  | |  |
| **Time Frame** |  | |  |
| **Changes in programme** |  |  |  |
| **Contact detail confirmation** |  | |  |
| **Facilitator** |  | |  |
| **Duration of programme** |  | |  |
| **Pricing of programme** |  | |  |
| **Provide supporting documentation** | Attach previous certificate | | Documents based on changes |

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| **Time Frame** |  | |  |
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| **Time Frame** |  | |  |
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| **Contact detail confirmation** |  | |  |
| **Facilitator** |  | |  |
| **Duration of programme** |  | |  |
| **Pricing of programme** |  | |  |
| **Provide supporting documentation** | Attach previous certificate | | Documents based on changes |

**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 | R 650.00 per edition (incl.VAT) |
| Articles approval | R 350.00 per article (incl.VAT) |
| Annual registration per company | R 4,500.00 (incl.VAT) |
| Application per CPD hour | R 350.00 (incl.VAT)  (E.g. Registered programme of 4 hours x R350.00 = R1,400.00 incl.VAT) |

* A 10% penalty will be levied for applications that are made after the CPD activity has expired or commenced (and it is at the discretion of the institute to approve).
* A motivation will be required for later or overdue applications.
* The renewal date will only be application for the remaining months of the renewing period.
* The CPD activity will not be recognised for the CPD during the lapsed period.
* 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 | R13,000.00 per annum to offer unlimited CPD events (incl. VAT) *\* limit revision pending* |

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

**STANDARD CONDITIONS IN THE AGREEMENT:**

* All agreements will only be effective for 12 months; which 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 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 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.
* Standard breach of contract clause.

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

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

stipulated in this agreement.

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

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