



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

CONTINUING PROFESSIONAL DEVELOPMENT

APPEAL: CPD PROVIDER

SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

SACSSP
Private Bag X12
Gezina
Pretoria
0031

ENQUIRIES:
Email: cpd@sacssp.co.za

Telephone: 012 356 8300/ 8315
www.sacssp.co.za

GENERAL INSTRUCTIONS

1. Please complete ALL fields.
2. Please note: The Appeal form must be completed per activity.
3. An appeal by the CPD training provider must be done in writing in the form of **FORM E.2.5** and must reach the Education, Training and Development Division within **twenty-one (21) working days** after the applicant received the outcome of the assessment of the CPD activity.
4. An appeal will be reviewed by an independent *CPD Assessment Panel* that has not adjudicated the initial application.
5. Please consult the *Policy on continuing professional development (CPD) for social workers and social auxiliary workers (2019)* or the *Policy on continuing professional development (CPD) for child and youth care workers (2019)* regarding the CPD appeal process.
6. FORM E.2.5 should preferably be typed or, alternatively, if handwritten, must be legible and the submission should be in English.
7. Study FORM E.2.5 carefully before completing it.
8. If you have to make any corrections - initial next to the correction made in the right margin.

IMPORTANT: An incomplete Appeal form cannot be processed and will be referred back to the applicant. This will cause an unnecessary delay.

SUBMIT

by **registered mail** or **by hand**:

FOR ATTENTION: CPD Appeal Panel
The Registrar, SACSSP, 37 Annie Botha Avenue, Riviera, Pretoria, 0084

or email a clear and complete scanned version to:

cpd@sacssp.co.za

(a printed paper copy may be requested if deemed necessary)

or fax to: 012- 356 8400

FOR OFFICE USE ONLY

Date received

Date of Appeal meeting

Findings of the Appeal Panel

A. DETAILS OF THE CPD PROVIDER LODGING THE APPEAL

A.1 Application reference number

A.2 Name of CPD service provider

A.3 Contact person

Title (mark ONE only with X) Prof Dr Rev Mr Mrs Ms Miss

First name

Surname

Email (write clearly)

Mobile / Cel number

Telephone (work)

B. APPEAL

B.1 Applicant's reason/s for lodging the appeal

- (a)
- (b)
- (c)

B.2 Please indicate the following by marking the relevant box with X

- (a) Applicant did not make any amendments to the original submitted application Yes No
- (b) Applicant included the recommendations as received from the CPD assessment panel Yes No
- (c) Any additional information added that the panel should take note of Yes No

B.3 If YES, please specify

If additional space is needed, please add an additional page and mark clearly

Signed at place on day of month 20 year

Signature