



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

CONTINUING PROFESSIONAL DEVELOPMENT

APPLICATION: CPD TRAINING PROVIDER

To be completed by a prospective CPD provider (including government departments and higher education institutions) that applies for the consideration and recognition of a continuing professional development (CPD) activity with the South African Council for Social Service Professions (SACSSP)

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

www.sacssp.co.za

FOR OFFICE USE ONLY Do not complete

Application file reference number File opened Y ☐ N ☐

Date received - 20 Date receipt was acknowledged - 20

Application is: Complete ☐ Incomplete ☐ Proof of payment included Y ☐ N ☐

Referred to the CPD Assessment Panel that will meet on: - 20

OUTCOME (only complete after the CPD Assessment Panel has met by transferring the information on FORM E.2.2 to this section)

Decision of CPD Assessment Panel Approved* ☐ Assessment suspended** ☐ Not approved** ☐

* If approved: CPD approval number Number of CPD point allocated

Applicant informed of the outcome of the assessment on - 20

GENERAL INSTRUCTIONS:

- FORM E.2.1 must be completed to apply for a proposed continuing professional development (CPD) activity (**social work** and/or **child and youth care work**) to be considered for recognition by the Professional Board concerned. The application will be assessed by the *CPD Assessment Panel* of the Professional Board concerned for compliance with the requirements for continuing professional development (CPD) activity to be recognised and approved.
- IMPORTANT: A **separate** application (FORM E.2.1) must be completed for **each** CPD activity.
- An application (FORM E.2.1) must reach the SACSSP at least **six (6) weeks before** the date of the intended CPD activity. Late applications will not be considered for assessment and will be deferred to the next sitting of the CPD Assessment Panel.
- NOTE:** An application for CPD activity will not be considered for assessment, if received after date that the activity has taken place.
- Please read the SACSSP's *Policy on continuing professional development (CPD) for social workers and social auxiliary workers - revised (2021)* and/or *Policy on continuing professional development (CPD) for child and youth care workers (2019)* before you proceed with this application. It is available on www.sacssp.co.za.
- Study FORM E.2.1 carefully **before** completing it. Read the instructions with each section and answer all questions fully, clearly and correctly.
- FORM E.2.1 must be completed in print or typed.
- If the information required is *not applicable* to your application, clearly insert the symbol "N/A" in the appropriate space. Please **DO NOT** leave blank.
- If you have to make any corrections to your answers - *initial* in the right margin next to the correction made.
- Mark the appropriate square with a "**X**" where it is applicable to you.
- Incomplete and/or non-compliant applications **will not be processed** and will be referred back to the applicant.
- The **CHECKLIST** at the end of FORM E.2.1 must be completed before this form is submitted.

INSTRUCTIONS SECTION A

Must be completed by all applicants.

SECTION B

- ALL fields in *Section B* marked with an * must be completed.

A. APPLICATION CATEGORY _p

Please mark with an **X** the professional category that is applicable to the CPD activity to be registered through this application. Mark one only.

Social work ☐ Child and youth care work ☐ Both categories ☐

B. CPD TRAINING PROVIDER INFORMATION

Name of provider _p *

Nature of provider _p * (mark ONE with an **X**)

Government ☐ NGO/CSO ☐ Private Practice ☐ Business ☐ Higher Education Institution ☐

Other (specify)

Postal address*

Postal code*

Street address

Postal code

Province _p * (where provider is based) ☐ EC ☐ FS ☐ GA ☐ KZ ☐ LP ☐ MP ☐ NC ☐ NW ☐ WC

Contact person _p *

Telephone number _p *

Mobile number*

Email address _p * (write clearly)

Fax number

Preference for feedback regarding the outcome of your application* (mark ONE with an **X**)

Email ☐ Fax ☐

INSTRUCTIONS:**SECTION C-1: Presenter information**

- **Must be completed** by all applicants.
- If the person is not a professional that is required to be registered with the SACSSP, the SACSSP registration number field needs to be marked N/A.
- If there are more than one presenter please add an additional page marked *Annexure C* with the details required in Section C.
- The abbreviated CV of the presenter or facilitator(s) has to indicate his or her expertise in relation to the topic indicated in section D-2.

SECTION D: CPD activity

- All applicable sections **must be completed**.

Section D-1: Type of CPD activity

D-1.1: Only complete if the CPD activity to be registered will be provided *partially or fully online*, but **excludes** emergency remote teaching where a temporary shift of instructional delivery to an alternate delivery mode due to crisis circumstances is required. Note the meaning of the following terms:

- **An online CPD activity** is a form of eLearning where a course or learning programme is intentionally designed in advance to be delivered *fully or partially online* or in a virtual environment.
- **Partially online** refers to a CPD activity that is designed based on a *blended learning approach*, where one (or more) part of the course or programme is provided online or in a virtual environment, while other parts are provided through *face-to-face activities* that require the physical presence of the facilitator/trainer and the participants.
- **Fully online** refers to a CPD activity that is designed based on a learning approach where entire programme is done online or in a virtual environment.
- **Facilitated online training** refers to activities that by design require a virtual human-to-human interaction between the trainee/participant and the facilitator/trainer, either through webinars; virtual correspondence (via email, SMS, WhatsApp or similar); video conferencing; and/or any other virtual human-to-human interaction directly related to the content of the course.
- **Independent online training** refers to online training programmes that by design do not require human-to-human interactions, where the *trainee register for and complete the required training activities on his or her own and at his or her own pace*. The completion of this type of online training programme may be subject to a completion date, online assessments, or any other online activity by the individual. The human-to-human interaction during this type of online training programme may include a helpdesk, peer-to-peer-support and -learning through communities of practice or similar, but no or a very minimal direct interaction with a facilitator, trainer or instructor on the course content.

D-1.2: Type of group activity

- Mark the option that best describes the CPD activity.

Section D-2: CPD activity description

- Indicate the full title or topic of the activity without abbreviations. This title or topic will be used to register the activity, if approved.
- Indicate the target group **clearly** in the allocated space, e.g. social workers, child and youth care workers (professional category), social auxiliary workers and/or child and youth care workers (auxiliary category).
- The expected number of participants refers to the number of participants planned for.

Section D-3: Activity process

- Indicate the objectives of the CPD activity
- The assessment of the CPD activity will be based on the information provided in this section.
- Please provide all the relevant information.
- Attach a detailed programme. Indicate time allocated for presentations, participation and skills development separately.

D-4: Relevance

- The assessment of the CPD activity will be based on the information provided in this section.
- The relevance to the specific target group for the CPD activity, e.g. social workers, child and youth care workers (professional category), social auxiliary workers and/or child and youth care workers (auxiliary category) must be clearly formulated and described.

C. PRESENTER/ FACILITATOR INFORMATION

Full names and surname

Profession

SACSSP registration number

 -

Highest qualification

An abbreviated CV with contact details is attached

Yes

☐

No

☐
D. CPD ACTIVITY INFORMATION**D-1. Type of CPD activities****D-1.1 Online components of the CPD activity** (Only complete if applicable and mark with **X** in applicable square)Partially online
(facilitated)
☐
Partially online
(independent)
☐
Fully (100%) online
(facilitated)
☐
Fully (100%) online
(independent)
☐
D-1.2 Type of group activity (mark with **X** in applicable square)

Group discussion/s

☐
Congress / conference /
symposium
☐

Workshop

☐

Information session

☐
D-2. CPD activity description

Title or topic ,

Was this CPD activity approved previously?

Yes

☐

No

☐
If **YES**, indicate:CPD registration
number
Number of CPD
points allocated
Location of CPD activity¹ ,

Date (s) of CPD activity

¹ If fully online, indicate 'virtual' or website link
(if group discussion, please complete **Section G**)

Target group(s) ,

Number of participants (expected number)

D-3. Activity process and content information (as indicated in your programme)**Objectives of the CPD activity** ,

If additional space is needed, please add an additional page clearly marked **Section D-3** to this application form

A detailed programme of the activity indicating time frames and process should be attached.

D-4. Relevance

Describe the relevance of activity for the target group indicated in section D-2 above. **Be specific.**

If additional space is needed, please add an additional page clearly marked **Section D-4** to this application form

INSTRUCTIONS:**Section D-5: Active participation**

- The assessment of the CPD activity will be based on the information provided in this section.
- Consult the applicable *CPD Policy* (for social work or child and youth care work) regarding the levels of active participation to assist you in completing this section.
- Participation needs to be clearly reflected, including time spent on such activities, in the detailed programme of the CPD activity (to be attached to this application).

Section D-6: Ethics

- The assessment of the CPD activity will be based on the information provided in this section.
- Consult the applicable *CPD Policy* (for social work or child and youth care work) regarding ethical considerations related to the topic to assist you in completing this section.
- How ethics are addressed needs to be clearly reflected in the detailed programme of the CPD activity (to be attached to this application).

Section D-7: Skills development

- The assessment of the CPD activity will be based on the information provided in this section.
- Consult the applicable *CPD Policy* (for social work or child and youth care work) regarding skills development (practical application) related to the topic to assist you in completing this section.
- Time spent on the skills development needs to be clearly reflected in the detailed programme of the CPD activity (to be attached to this application).

Section D-8: Depth of learning

- The assessment of the CPD activity will be based on the information provided in this section.
- Consult the applicable *CPD Policy* (for social work or child and youth care work) regarding the depth of learning that is envisaged through this activity to assist you in completing this section.
- Attached a framework of contents in order to determine and confirm the depth of learning and relevance.

Section D-9: Duration of CPD activity

- The duration of the activity should be clearly stipulated. If the activity is less than one day, only indicate the hours. The duration should exclude 'business activities' when combined with meetings and also exclude tea/coffee and lunch breaks.

Sections D-10 & D.11: Evaluation and attendance

- Attach, if available and used, the evaluation or similar tool that will be used for the assessment related to the CPD activity.
- Attach a copy of the attendance register that will be used as part of the CPD activity.

Sections D-12: Publication

- Fields marked with an *p* will be published/made available.

D-5. Active participation

Describe where and how attendees will actively participate in the programme. **Be specific.**

If additional space is needed, please add an A4 folio marked Section D-5 to this application form

D-6. Ethics

Describe where and how ethics are directly addressed in the programme. **Be specific.**

If additional space is needed, please add an additional page clearly marked Section D-6 to this application form

D-7. Skills development

Describe where and how the activity directly addresses skills development. **Be specific.**

If additional space is needed, please add an additional page clearly marked Section D-7 to this application form

D-8. Depth of learning

If additional space is needed, please add an additional page clearly marked Section D-8 to this application form

D-9. Duration of CPD activity

Days

Hours

D-10. Evaluation form for CPD activity attached

Yes ☐ No ☐

D.11 Daily attendance register attached (format)

Yes ☐ No ☐

D.12 If approved, the details of this CPD activity may be published on the SACSSP website and be made available third parties on request.

Yes ☐ No ☐

INSTRUCTIONS:**SECTION E: Administration and payments**

- All sections must be completed.

Section E-1

- If the CPD activity is provided at no cost or no fee to the participants, please complete this section.

Section E-2

- If the CPD activity is provided at a cost or fee to the participants, please complete this section.

Sections E-3 & E-4: Payments

- This section relates to the fees pertaining to continuing professional development (CPD) activities payable to the SACSSP in relation, which are different for a CPD activity offered at no cost or at a cost to participant.
- Please consult the *Regulations relating to the fees payable by social workers, child and youth care workers, social auxiliary workers, auxiliary child and youth care workers, student social workers and student child and youth care workers* to ascertain the applicable fee. These Regulations are available on Councils website www.sacssp.co.za.
- Indicate the fee paid as part of the application as well as the date when this payment was made in Section E-3.
- No application will be processed without proof of payment to the amount indicated in the aforementioned regulations.
- Documentary evidence of proof of payment must accompany this application form (FORM E.2.1)
- Fees are applicable per CPD activity.
- All payments must have the correct **DEPOSIT REFERENCE NUMBER**. The reference number is the only way in which your payment can be traced in the bank account.
- The SACSSP is not liable nor responsible for deposits that are made without an identifiable reference number.
- IMPORTANT: An additional fee** will apply for incomplete applications that were referred back, upon the resubmission of such an application.
- Keep a copy** of your proof of payment for your own records.

SECTION F: Declaration

- Read **all parts** of the declaration in *Section F* carefully.
- Sign FORM E.2.1 and append the date of completion in the provided spaces.
- Complete the **CHECK LIST** below **before** you submit the application

FINAL CHECK LIST

Before submitting your application check the following:

- ☐ FORM E.2.1 is completed correctly
- ☐ The application is **ONLY** for **one** CPD activity
- ☐ All applicable fields and pages are completed and I have double checked
- ☐ FORM E.2.1 is signed on page 4 (*Section F*)

Attachments

- ☐ Proof of payments (see *Section E-3*)
- ☐ Abbreviated CV of the presenter or facilitator(s)
- ☐ Detailed programme of the CPD activity
- ☐ Framework of contents (see *Section D-8*)
- ☐ Evaluation form (see *Section D-10*)
- ☐ Attendance register (see *Section D-11*)
- ☐ All additional pages attached as annexures are clearly marked.

TO SUBMIT YOUR APPLICATION

The signed application (FORM E.2.1) with all annexures to can be -

scanned (clear) and emailed to cpd@sacssp.co.za

OR

send by mail or delivered by hand to the SACSSP

IMPORTANT: Incomplete applications cannot be processed and will be referred back to the applicant. This will cause an unnecessary delay in the processing and finalisation of your application

E. ADMINISTRATION OF CPD APPLICATION

E-1. CPD activity offered at no cost to practitioners ₪

Yes

☐

No

☐

E-2. CPD activity offered at a fee/ cost to practitioners ₪

Yes

☐

No

☐

If **YES**, please indicate the fee/cost per person for this CPD activity R

E-3. Please indicate the amount that you have deposited and the date of deposit

Amount

R

Date

Section E-3 does not constitute proof of payment.

E-4. Bank details

Account name

SACSSP

Bank

Nedbank

Account number

Branch

Menlyn Maine

Branch code

Important

A reference number must be provided with every deposit

F. DECLARATION

I, **the undersigned**, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to consideration of this application for the registration of an education, training and/or development activity for the purpose of continuing professional development (CPD) with the South African Council for Social Service Professions.

Furthermore, I, the undersigned -

(a) *confirm* that I am duly authorised to submit and sign this application form on behalf of the CPD provider indicated in Section B of this application;

(b) *studied* the provisions of the Social Service Professions Act 110 of 1978, the relevant Regulations regarding continuing professional development (CPD); the *Policy on continuing professional development CPD for social workers and social auxiliary workers (2021)* and/or *Policy on continuing professional development (CPD) for child and youth care workers (2019)*, as applicable; and agree to adhere to the provisions thereof as a provider of continuing professional development (CPD);

(c) *agree* that if the CPD activity is approved it will be captured and published on the SACSSP's database of approved CPD activities;

(d) *undertake* to record the name, professional registration number and the CPD points awarded to every participant at each CPD activity;

(e) *undertake* to validate participant attendance for the entire event;

(f) *agree* to provide participants with evidence of completion or attendance of a CPD activity;

(g) undertake to safeguard the records, including the attendance lists, for at least three years after the CPD activity; and

(f) *agree* that any CPD activity that is approved by the relevant Professional Board based on this application may be subjected to quality assurance checks as may be deemed necessary by the Registrar or relevant Professional Board as to ensure compliance with the applicable policies and the prescripts of the Social Service Professions Act 110 of 1978.

Signed at

on

of

20

Signature: Applicant

G. SMALL GROUP DISCUSSION CPD ACTIVITIES

This section ONLY needs to be completed for small group discussions which may include in-service training or journal clubs.

Application for training provider: CPD

CPD activity date (dd/mm/yyyy)	Target group Mark with an x	Topic of the specific session	Presenter/ facilitator name and surname	Venue/ location	Number of participants (expected number)	Start and end time of the activity
	<input type="checkbox"/> Social workers <input type="checkbox"/> Child and youth care workers (professional category) <input type="checkbox"/> Social auxiliary workers <input type="checkbox"/> Child and youth care workers (auxiliary category). <input type="checkbox"/> Other (specify):					<div>Start time</div> <div>End time</div> <div>Total duration</div>
	<input type="checkbox"/> Social workers <input type="checkbox"/> Child and youth care workers (professional category) <input type="checkbox"/> Social auxiliary workers <input type="checkbox"/> Child and youth care workers (auxiliary category). <input type="checkbox"/> Other (specify):					<div>Start time</div> <div>End time</div> <div>Total duration</div>
	<input type="checkbox"/> Social workers <input type="checkbox"/> Child and youth care workers (professional category) <input type="checkbox"/> Social auxiliary workers <input type="checkbox"/> Child and youth care workers (auxiliary category). <input type="checkbox"/> Other (specify):					<div>Start time</div> <div>End time</div> <div>Total duration</div>
	<input type="checkbox"/> Social workers <input type="checkbox"/> Child and youth care workers (professional category) <input type="checkbox"/> Social auxiliary workers <input type="checkbox"/> Child and youth care workers (auxiliary category). <input type="checkbox"/> Other (specify):					<div>Start time</div> <div>End time</div> <div>Total duration</div>

If additional space is needed, please make a copy of Section G and attach to this application form