



Accreditation of Continuous Professional Development Events

Persons wishing to have their CPD events accredited by ECSA must apply for accreditation to the appropriate professional society. For Agricultural Engineering events, applications should be sent to SAILI/SAIAE. All applications should include the following:

- Completed copy of ECSA form ECPD 2 (attached)
- Suitable proof of any relevant qualifications of the presenters of the event (i.e. certified copy of academic record).
- R3000 application fee (Cheque payable to SAILI, or copy of bank transfer slip: (Bank: ABSA; Account Holder: South African Institute of Agricultural Engineers; Account Number: 0-7072-0329; Branch: Silverton; Branch Code: 334-445; Reference: CPDACRD (Your surname and initials)). The application fee is waived for SAILI members who are in good standing – instead, include your SAILI membership number here: _____).

Please send the completed application to the following address:

National Secretary
SAILI / SAIAE
Posbus 912 719
Silverton, 0127

The national council will carefully review all applications, and will notify applicants of their decision. Applications should be sent a minimum of 6 months in advance of the event, in order to insure timeous processing.

Organizers are required to issue a signed certificate of completion to all attendees who successfully complete the CPD. After the event, organizers are required to send a list of all attendees who successfully completed the event. Sample certificates of completion and blank attendance registers are available on the SAILI/SAIAE website.

Questions may be directed to the SAILI national secretary at the above address.

APPLICATION FOR APPROVAL OF A CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITY

Please complete and return to:
 SAILI / SAIAE; Posbus 912 719 Silverton; 0127

1. BODY APPLYING FOR ACTIVITY APPROVAL IN TERMS OF ECSA CPD POLICY	
1.1	Name of body
1.2	Postal Address
1.3	Telephone number
1.4	Fax number
1.5	E-mail address

2. PERSON WHO ACTUALLY IS RESPONSIBLE ON BEHALF OF THE APPLYING BODY	
2.1	Initials and Surname
2.2	Title (Prof/Dr/Mr /Ms)
2.3	Position held by responsible person in body
2.4	Direct contact telephone number
2.5	Cellular telephone number

3. ACTIVITY OFFERED
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.....

4. DETAILS OF ACTIVITY	
a) Title Activity	
b) Name of Presenter/s	
c) Duration of Activity	
d) Target Participants: (Discipline and Category of Registered Persons)	
e) Is the activity promoting a product?	

5. MOTIVATION FOR ACTIVITY TO BE APPROVED
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <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 ECSA Policy Document and undertake to comply with the requirements of serving as an approved provider for this activity.

SIGNATURE

DATE

POSITION HELD IN BODY

PLACE