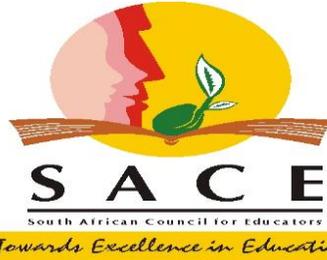


PROVIDER ACTIVITY APPLICATION FORM

Section A: Provider Details

Name of Provider	Provider Number	Contact Person	Name Activity	Tel no:
				Mobile no:
				E-mail:
Accrediting Council: (attach a copy)				



PROVIDER ACTIVITY APPLICATION FORM

Section B: Activity Description

Purpose of the Activity (in not less than 300 words)	Summary of the Activity's content (NOT A LIST OF TOPICS)	Outcomes Please list a minimum of 3 outcomes	Short description of the activity	Target Audience (well defined)	Duration



PROVIDER ACTIVITY APPLICATION FORM

Section C: Provider Declaration and Code of Good Practice

The following Code of Good Practice is binding to all SACE approved service providers whose professional development activities have been endorsed.

- ❖ It is our policy to ensure that we maintain and achieve the highest possible standards with respect to professional development of educators in our organization.
- ❖ We strive to give our educators the best and most effective professional development activities that meet their developmental needs and requirements.
- ❖ We will maintain and continually improve our quality management system.
- ❖ We commit to maintain and adhere to SACE approval standards and we will respect the copyright laws and avoid plagiarism by declaring all the sources used in our material
- ❖ We commit ourselves and our organizations/institutions to SACE monitored site visits, virtual or face to face.
- ❖ We agree to the publication of our activities/programmes and delivery sites in the SACE professional development catalogue.
- ❖ We commit ourselves to submit reports (activities and CPTD points) on educators who have participated in our trainings/programmes. (report educators' participation and PD points to SACE through the register or the provider Self Service Web-Portal)



PROVIDER ACTIVITY APPLICATION FORM

We understand and accept that SACE has the authority to withdraw/terminate our approval and endorsement status with immediate effect should we default in complying with all the prescripts as set out.

Signed on this day Of 20.....

Signature

NB: A provider who attempts to exert improper influence over any evaluator, try to offer any inducement to an evaluator in order gain their favour or fail to report educators' participation in their training will be disqualified by SACE.

Signed on this day Of 20.....

Signature

NB: A provider who attempts to exert improper influence over any evaluator or try to offer any inducement to an evaluator in order gain their favour will be disqualified by SACE.



PROVIDER ACTIVITY APPLICATION FORM

SECTION D: FOR OFFICE USE ONLY

Compliance Requirements Checklist for PD Activities with a duration of 2 hours to 5 Days

Circle the appropriate box.

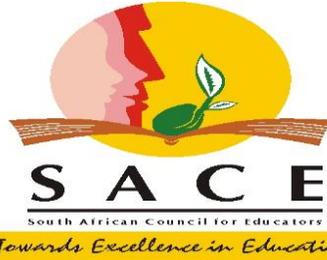
COMPLIANCE REQUIREMENTS		
Endorsement requirements		
Name of Provider	Yes	No
Name of professional development activity	Yes	No
Are outcomes outlined?	Yes	No
Duration of activity/programme stated	Yes	No
Category of activity/programme/course stated	Yes	No
Target audience stated	Yes	No
Method/mode of delivery stated	Yes	No
Are details of the contact person stated	Yes	No



PROVIDER ACTIVITY APPLICATION FORM

SECTION D: FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:		
Activity Number		
Everything Submitted	Yes	No
Missing Information and Details		
Follow-up made with Provider		
Was Follow-Up Made? (Indicate Yes or No)	Yes	No
Date of Follow-up:	Day: ____ Month: ____ Year: ____	
Endorsement Decision (Encircle):	Yes	No
Number of Points Allocated:		
<u>Recommended for Evaluation By:</u>		
Name & Surname: _____		
Title: _____		
<u>Signature:</u> _____	<u>Date:</u> Day: ____ Month: ____ Year: ____	
<u>Approved for By:</u>		



PROVIDER ACTIVITY APPLICATION FORM

CPTD Coordinator: Name & Surname: _____

Signature:

Date:

Day: ____ Month: ____ Year: ____

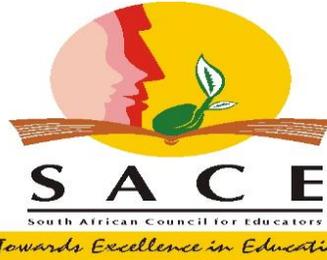
PD Manager: Name & Surname: _____

Signature:

Date:

Day: ____ Month: ____ Year: ____

Head: Legal of Ethics & PD: Name & Surname: _____



PROVIDER ACTIVITY APPLICATION FORM

Signature:

Date:

Day: ____ Month: ____ Year: ____