



## PROVIDER ACTIVITY RENEWAL 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)				



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### 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



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### **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)



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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.***



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### 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.

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

### SECTION D: FOR OFFICE USE ONLY



## PROVIDER ACTIVITY RENEWAL APPLICATION FORM

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:		
<b><u>Recommended for Evaluation By:</u></b>		
Name & Surname: _____		
Title: _____		
<u>Signature:</u> _____	<u>Date:</u> Day: ____ Month: ____ Year: ____	
<b><u>Approved for Submission to Evaluation Committee By:</u></b>		
CPTD Coordinator: Name & Surname: _____		



## PROVIDER ACTIVITY RENEWAL APPLICATION FORM

Signature:

\_\_\_\_\_

Date:

Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_

**PD Manager:** Name & Surname: \_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_

**Head: Legal of Ethics & PD:** Name & Surname: \_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_



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