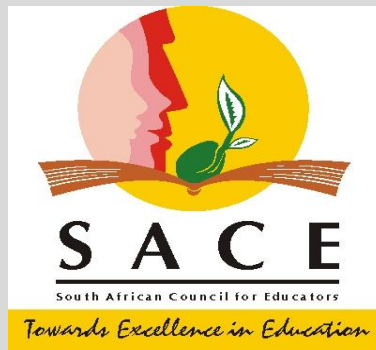


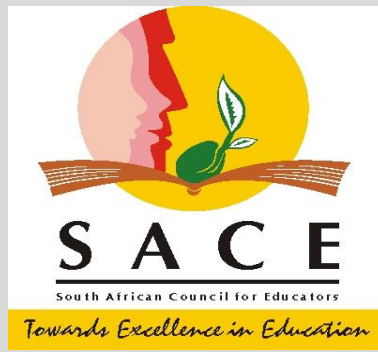
PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM



SECTION A: ACTIVITY PROFILE

NAME OF PROVIDER:	
ACTIVITY/PROGRAMME NAME:	
PURPOSE OF ACTIVITY (not exceeding 300 words)	
DETAILED SUMMARY OF THE CONTENT OF THE COURSE/ACTIVITY/PROGRAMME (attach a complete manual/ booklet as an annexure or appendix):	
OUTCOMES OF THE COURSE/ACTIVITY/PROGRAMME: (make sure they are clearly defined, realistic, appropriate for the target group and inclusive of Skills, knowledge and values)	
Are the outcomes linked to the content and assessment?	
TEACHING METHODS: Is your programme/activity using appropriate teaching and learning methods? If yes justify your answer.	

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Does your programme/activity deal in its teaching methods with diversity in background, experience, prior knowledge and learning preferences? If yes, specify how this is done.

Does your activity/programme include a discussion or reflection on how new skills and knowledge can be applied by participants in their learning environments?

ASSESSMENT TASKS :Does your activity design, plan for the assessment and use of participants prior knowledge needs and interest?(please attach your assessment tools):

Are the outcomes of your activity linked to the content and assessment? Please expatiate.

LEARNING AND TEACHING SUPPORT MATERIAL (LTSM): Indicate how your training materials support the learning outcomes.

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Are materials and activities easy to apply by participants in a variety of classroom and learning environments?

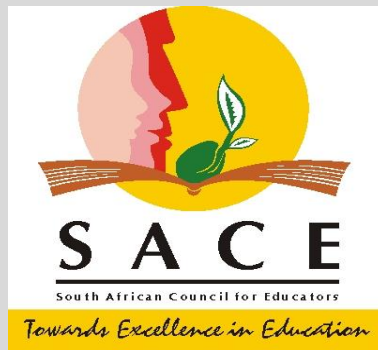
EQUITY: What efforts do you make in your programme to promote access by all (in terms of financial means, geography, language and gender)

STRUCTURE (timetable/plan for delivery) and duration:

AREA(S) OF SPECIALISATION: (Indicate with "X"):	Curriculum/Subject/Learning-area specific (please specify)	
	Management and Leadership	
	ICT-integration	
	Sports, Arts and Culture	
	ETD practitioner based	
	Wellness-related	
	Special Needs	
	Labour Relations	
	School Discipline	
	Communication-related	
	Research	
	Policy Development and Implementation	
	Other, Please specify:	

TARGET AUDIENCE: (Please describe the target group for this activity)

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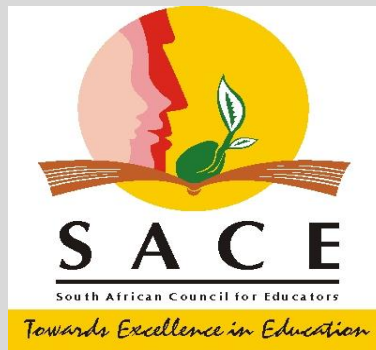


What is the NQF level of the activity (where relevant)?		
ADMISSION CRITERIA TO THE ACTIVITY/PROGRAMME (Are there any minimum requirements for admission to this activity)? If yes please specify.		
DURATION OF ACTIVITY/PROGRAMME:		
TYPE OF ACTIVITY/PROGRAMME:		
(Indicate with "X"):		
	Full qualification	
	Workshop	
	Module-based/Short course	
METHOD/MODE OF DELIVERY:		
(Indicate with "X"):		
	Distance Learning	
	Contact Learning	
	Mixed Mode	

SECTION B: FACILITATION PROFILE

Where will this activity/programme be presented?

PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM



Indicate the different languages in which this activity is presented

Give an explanation on how the purpose and scope of your PD activity meets each of the following AND / OR why certain of these criteria items are irrelevant to your activity / programme (you may attach a document if the space is not enough):

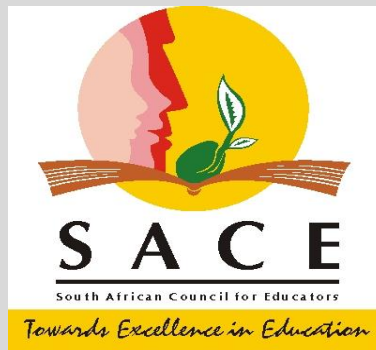
RELEVANCE:

a) What is the rationale of the programme/activity with reference to education policies, ANA diagnostic reports, current curriculum practice or any other system assessments (e.g. National Curriculum Statements- CAPS)? How does your activity contribute to the realization of any of these?

b) Does your programme/activity contain clear planning relating activities to outcomes? Is time allocated per activity reasonable and realistic? Is the number and duration of activities suitable to achieve each learning outcome?

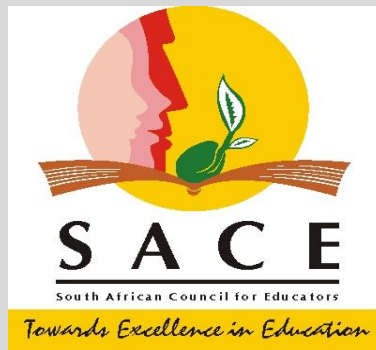
c) Explain how your programme/activity strengthens competence of prospective participants (subject matter knowledge, pedagogical content knowledge, knowledge of learning and curriculum, general pedagogical knowledge, knowledge of participants management and leadership competence, class management, communication skills, team working skills, 21st century skills and ICT).

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d) Does your programme/activity strengthen professional commitment and attitudes of participants?
e) Is it clear for prospective participants how they can apply your programme in practice (developing awareness, building knowledge and understanding, translate knowledge into practice, practising new knowledge and creating opportunities to reflect)?
PARTICIPANTS SUPPORT
Have you integrated follow-up support to your activity such as the possibility to contact the provider with questions afterwards or the organisation of a follow up session a few months after training?
SUPPORT INFORMATION(MANDARTORY/COMPULSORY INFORMATION NEEDED)
Please include in your submission as many materials as possible which you will use in your activity/programme including: <ul style="list-style-type: none">• Course outline or programme• Presentations• Learning material or description of learning activities• Assessment tasks• Assessment tools and training manuals

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You may indicate when materials are still under development or have draft status

NB: ANY MATERIALS RECEIVED WILL NOT BE PASSED TO THE THIRD PARTIES

From where do you recruit your presenters/facilitators?

(Indicate with "X"):

	Current practicing teachers	
	Retired/Resigned teachers	
	College/University Lecturers	
	Retired lecturers	
	Consultants	
	Current office-based educators	
	Retired office-based educators	
	Unemployed educators	
	Outsourced from NGOs/Other providers/FBOs/CBOs	

Details of Presenters/Facilitators:

(Please Complete and attach a complete list of potential presenters/facilitators with a reference for each)

	Name & Surname	
	Formal qualifications	
	Reference	

Please ensure that your list contains the above information

Are you collaborating with any other provider/partner in providing this Activity/Programme?

(Indicate with "X"):

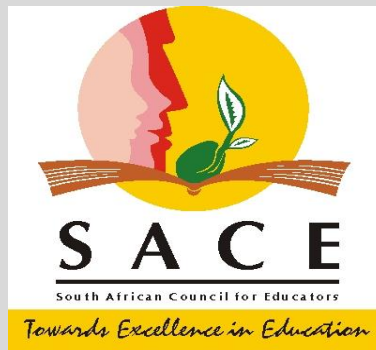
Yes	No
-----	----

If yes, please specify with whom:

N.B: COMPLETE WHOLE FORM

RETURN DETAILS TO

PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM



Attention: Mr Theo Toolo
 Email: provider@sace.org.za
 Fax: 086 538 5952

Postal address:
 Private Bag x 127
 Centurion
 0046

Or

Physical address:
 Block 1 Crossway Park
 240 Lenchen Avenue
 Centurion
 0057

SECTION C: 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>Signed By:</u>		
Name & Surname: _____		
Title: _____		
<u>Signature:</u> _____	<u>Date:</u> Day: ___ Month: ___ Year: _____	