

# Continuing Professional Development Activity Approval Form

Request for approval of a CPD activity by an industry association or government agency

**1. Name of the organisation providing CPD activity**

If industry association include details of objectives

**2. Contact details**

Name:

Address:

Telephone:

Email:

**3. Name of CPD activity**

**4. Date/s CPD activity to be held**

**5. Duration of CPD activity**

If this is not face-to-face training, estimate equivalent delivery time

**6. Delivery mode**

For example, face-to-face, electronic, distance education

**7. Amount to be charged for CPD activity**

**8. Who are the proposed participants?**

Are there any restrictions on participants?

**9. Learning outcomes**

These must relate to the learning areas set out in the Commissioner's Guidelines

**10. Detailed outline of CPD activity content**

Attach documents if necessary

**11. Describe participant materials to be provided**

Please supply examples

**12. Will a trainer manual be provided?**

Please supply examples of these and any other instructions

**13. What type of assessment strategy will be used?**

Please provide copies of formal assessment instruments, if applicable

**14. If no formal assessment is planned, how will the trainer/facilitator be satisfied that participants have knowledge of the topic/skills covered by the activity.**

Please provide copies of any relevant documents

15. What are the relevant industry and training qualifications of the trainer/facilitator?

Industry qualifications and experience

Training qualifications and experience

16. Can the organisation guarantee to keep formal attendance, CPD activity content, and individual participant assessment records for a period of at least 5 years for Fair Trading audit purposes?

Yes

No

17. How long has the organisation been providing learning activities/training to the industry?

18. How does the organisation intend to get participant feedback about the CPD activity?

Please provide copies of documents

20. Where is the CPD activity available?

Metro Sydney / Newcastle / Wollongong

Country regional centres

Rural NSW

Remote NSW

Please print and sign this form and post to:

CPD for Licence and Certificate Holders Program  
Policy and Strategy Division  
Office of Fair Trading  
PO Box 972  
Parramatta NSW 2124

## Declaration

I, (name) \_\_\_\_\_

\_\_\_\_\_

(position in organisation) \_\_\_\_\_

\_\_\_\_\_

(organisation name) \_\_\_\_\_

\_\_\_\_\_

do solemnly and sincerely declare that I am authorised to make this declaration on the organisation's behalf and to the best of my knowledge and belief:

- the information contained in this document is true and correct
- there is no material omission which would make any of the supplied information misleading, and
- the contents of all course/training materials have not been plagiarised and do not infringe copyright.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900 (NSW).

Declared by the said

on \_\_\_\_\_ 2005

\_\_\_\_\_

Signature

before me:

\_\_\_\_\_

Signature (Justice of the Peace/Solicitor)

\_\_\_\_\_

JP Number: \_\_\_\_\_

Please print name:

\_\_\_\_\_

\_\_\_\_\_