

## Southern African Auditor and Training Certification Authority

Meiring Naude Road • Persequor Technopark • 41 De Havilland Crescent • The Woods, Building E, Office E101 - Pretoria Tel: +27 (0)12 349 2763 • Fax +27 (0) 86 516 2966 • Email: admin@saatca.co.za • Website: www.saatca.co.za

## Continuing Professional Development [CPD] - [Also refer to PM 6 0 for Guidance]

Auditor Name & Initials:	Tel No.:	Mobile:	
Certification(s) number(s):	ification(s) number(s):		

Date (s) DD/MM/YYYY	CPD hours	<b>Type of activity</b> Please mark off the applicable type of activity (Structured, Semi-Structured or Unstructured)	<b>Details of activity</b> (Title & duration of Training Course or Conference, Type & description of study, name of book, journal etc.)	Description of Activity and how it meets the CPD requirements Please mark off the applicable type of CPD (Remember to attach copies of relevant documents)	Verification of CPD Activity (Copy of certificates, Attendance registers, Meeting confirmation etc.)
	Total Time	<ul> <li>Structured   Interactive training courses, topic relate seminars professional body meetings, development of MS standards.</li> <li>1 hour equates to 1 hour claimed</li> </ul>		Technically related innovations, changes in methodologies, approaches etc., relevant to industry /discipline in which the audits are conducted.	
	hrs	Semi-structured   Non-interactive lectures, talks, informal professional body meetings research, publishing articles, distance learning with assessment.		Managerial / Business related changes relevant to industry in which the audits are conducted.	
	Time Claimed	2 hours equates to 1 hour claimed	Audit Standard (e.g. ISO19011) related topics (new methodology, approaches etc.).		
	hrs	Unstructured   Distance learning study, read journals/books, on job training, out-come based training. 3 hours equates to 1 hour claimed		Management System related topics. (i.e. new / revised standards for an auditing discipline - Quality, Environment, OH&S, Food Safety, etc.)	
Date (s) DD/MM/YYYY	CPD hours	<b>Type of activity</b> Please mark off the applicable type of activity (Structured, Semi-Structured or Unstructured)	<b>Details of activity</b> (Title & duration of Training Course or Conference, Type & description of study, name of book, journal etc.)	Description of Activity and how it meets the CPD requirements Please mark off the applicable type of CPD (Remember to attach copies of relevant documents)	Verification of CPD Activity (Copy of certificates, Attendance registers, Meeting confirmation etc.)
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Please attach		DECLARATION BY APPLICANT:			
sheets as applicable.         Sheet:       of         I confirm that all the information entered on this form is correct to the best of my knowledge and belief.       Date:         Date:       Date:					