

## Southern African Auditor and Training Certification Authority

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Continuing Professional Development [CPD] - [Also refer to PM 6 0 for Guidance]							
Auditor Name & Initials:		Tel No.:			Mobile:		
Certification(s) number(s):			·		Email:		
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.)	CPD requirements Please mark off the applicable ty	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	Structured   Interactive training courses, topic relate seminars professional body meetings, development of MS standards.  1 hour equates to 1 hour claimed		Technically related innovations, changes in methodologies, approaches etc., relevant to industry /discipline in which the audits are conducted.			
	Time Claimed	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.  Audit Standard (e.g., ISO19011) related topics		industry	
		2 hours equates to 1 hour claimed  Unstructured   Distance learning study, read journals/books, on job training, out-come based training.  3 hours equates to 1 hour claimed		(new methodology, approaches etc.).			
	hrs			Management System related topics. standards for an auditing discipline - Qua 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)	Details of activity (Title & duration of Training Course or Conference, Type & description of study, name of book, journal etc.)	Description of Activity and how CPD requirements Please mark off the applicable ty (Remember to attach copies of releva	pe of CPD		Verification of CPD Activity (Copy of certificates, Attendance registers, Meeting confirmation etc.)
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Please attach additional DECLARATION BY APPLICANT:							
sheets as ap		I confirm that all the information entered on this form is correct to the best of my knowledge and belief.	Applicant Signature:  Date: DDD/MM/YYYY  Date: DDD/MM/YYYY				