

CPD Provider Application Form

1. Provider Details

Organization Name: _____

Full address: _____

Email address: _____

Telephone number: _____

Website URL: _____

Contact Person _____

Title/Designation: _____

2. Accreditation/Registration

Please attach a copy of registration/accreditation certificate from NITA or TVETA, CUE or equivalent	<input type="checkbox"/> I confirm a copy of registration/accreditation certificate is attached to this application
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Please attach a stamped copy of your organization's organogram.	<input type="checkbox"/> I confirm a stamped copy of our organogram is attached
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3. Details of CPD Event for Review

Title of CPD Event	
Event description State type of proposed CPD activity	
Duration (<i>hours, days, weeks</i>) (Attach a copy of the CPD Training/ Event Programme or Calendar)	
State the Venue(s) Provide additional write-up on the status and viability of the venue(s) for the CPD event	
Target Group (<i>E.g. Contractors, Site supervisors, Construction workers, etc.</i>) Provide a brief write-up on the target group(s) vis-à-vis the aim of CPD event	
What level is it? (<i>Introductory/ intermediate/advanced</i>)	
Aims/Objectives State aims/objectives of the event and attach course outline/syllabus/ curriculum/work plan.	<input type="checkbox"/> I confirm course outline/Syllabus/curriculum/work plan is attached to this application

Learning Outcomes <i>(What should target group be able to know, understand or do as a result of the CPD event?)</i>	
Trainers & facilitators Attach qualifications of trainers/facilitators and their profiles.	<input type="checkbox"/> I confirm qualifications of trainers/facilitators and their profiles are attached to this application
Registration How will delegates register for the activity? Include any contact name, telephone or email address or web link	<input type="checkbox"/> I confirm that it is my organization's responsibility to advise delegates in good time if an event shall be cancelled or changed.
Registration/Training Fee Is there a charge for the event? State the cost incl. of VAT and give details of how delegates will pay	
Records How will you record delegate attendance/participation?	<input type="checkbox"/> I confirm that my organization will share with NCA records of all delegates who successfully participate using the prescribed template as will be provided for award of CPD points where applicable.
Certification What evidence of learning, such as attendance certificates etc. will you offer to delegates?	
Monitoring How will you ensure continued quality and relevance once recognized?	<input type="checkbox"/> I confirm that my organization will allow NCA Officer(s) to be part of the CPD event(s) for quality control purposes.

4. Recognition Fee	
I understand that if my application is approved, the Approval Period will run for one year from the date of approval upon payment of the prescribed recognition fees as below.	
Recognition of approved CPD events is renewable annually thereafter on payment of applicable fees.	
Duration of Training(Days) <2 days 3 – 5 days. 6-30 days Full Annual Training Calendar	Fees (Kshs) per Training (Please check (✓) where applicable) <input type="checkbox"/> KShs. 60,000.00 <input type="checkbox"/> KShs. 80,000.00 <input type="checkbox"/> KShs. 120,000.00 <input type="checkbox"/> KShs. 200,000.00 Note: Invoice for payment will be issued upon successful evaluation

This application is submitted by:

Signed & Stamped Date

Please return the completed form by email to training@nca.go.ke or post to: Executive Director, National Construction Authority, P. O. Box 21046-00100, Nairobi, Kenya.