



**CPT Preferred Provider Application**  
**Southern Africa Professional Trainers Association**

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# 1 Provider Information...

Field:	Information:	Make publically Available
Provider Name:		
Trading as:		
Company Registration Number:		
Years in Business:		
URL:		
Contact Person:		
Contact Landline:		
Contact Mobile:		
Contact e-mail:		
Contact Fax:		
Physical Address (line1):		
Physical Address (line2):		
Town:		
City:		
Provence:		
Country:		
Postal Code:		
Postal Address (line 1):		
Postal Address (line 2):		
City / Town		
Postal Code:		
Social Media:	Media URL Link:	



## 2 Nature of Business:

What is the primary nature of your business? (your main function)

What is your organisations mission?

What are your primary objectives?		Weight:
1.		
2.		
3.		
4.		
5.		

### 3 Capacity

Which train the trainer's programmes / qualifications do you present?	Evidence Item:

Please indicate 'YES' or 'NO' to the following statements:	YES	NO	Evidence Item
We present Train the Trainers Public Programmes			
We present Train the Trainers in-house programmes			
We have our own training facilities			
We outsource our training facilities			
We have a sales team			

Please indicate your numbers:	Quantity	Evidence Item:
Number of sales people		
Number of accredited assessors available to do assessments		
Number of SAPTA Certified CPT's available to do training		
Estimated trainers trained during company existence		
Estimated train the trainers workshops run during your companies existence		

Which Accreditations & Certifications does your organisation have?	Institution	Accreditation / Certification Number:	Evidence Item:

Please list your assessors below:	Certification Number:	Institution:	Evidence Item:

Please list your trainers below:	SAPTA CPT Number	Evidence Item:

**Which SADC Regions are you able to train trainers and assess CPT Applications**  
 (please indicate both Country and province)


## 4 PTBoC Capacity

PTBoC Element:	Weight:	In-class Training – Min requirement	In-class training – Proposal	Workplace Assessment – Min Requirement	Workplace Assessment - Proposal
Professional Training Methodology	.55	9 days		24 days	
Ethics in the Training Profession	.05	N/A		On-line Test on SAPTA Code of Ethics	
The Training Process	.05	1 day		4 Programmes Conducted	
Research and Development	.35	6 days & materials for one workshop developed		Materials developed for 4 workshops or equivalent	

Please attach programme outline to support above proposal.





## 6 Provider Declaration

We hereby declare:

1.	All information and evidence given in this document is true and correct	
2.	We have no outstanding fees owed to any SAPTA Trainers	
3.	Not our company nor any one of our directors are blacklisted with SAPTA	
4.	We will only use SAPTA Certified CPT's where trainers are trained (the CPT Certification Committee can give a 12-month grace period here)	
5.	We will only use accredited assessors when assessing CPT applications	
6.	We commit to uphold the SAPTA Mission, Objectives and Code of Ethics whilst performing our certification task	
7.	We have studied the SAPTA membership policies and procedures and understand the CPT process as well as the PTBoC contents	

We have attached:

1.	All evidence pieces as indicated in the evidence register	
2.	Company registration documents	
3.	Identity document or passport copies of all directors	
4.	A company portfolio	
5.	Company organigram	
6.	A train the Trainer Programme Outline	

We furthermore commit to present our training materials to the CPT Certification Committee, who will assess and approve such.

Full names:	
Date:	
Place:	
Signature:	

*Please forward this document with all attachments to the [SAPTA Office Manager](#):*

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