



Appeal against CPT Application Decision

Southern Africa Professional Trainers Association

Please study the SAPTA Membership policy and procedures relating to appeals prior to submission!

I hereby file an appeal against the decision made regarding my CPT Application:

Full Names:	
SAPTA Membership Number:	
NB: SAPTA will use the contact details on our membership database. If your contact details have changed, please update.	

The details of my appeal are as follows:

Name of provider who facilitated your application:									
Date application was handed to provider:									
Date of provider assessment:									
What was the provider assessment?									
Overall Score:		Level:		Methodology Application:		Research Skill:		Training Process:	
Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
Was the application handed to the CPT Committee?									
If Yes, what was the date of CPT Committee review?									
What was the CPT Committees finding?									
In terms of the decision by the					, I disagree with <i>(short description)</i> ...				

Please explain your decision to appeal below:

First File of Appeal: Provider who facilitated the application

Date of receipt:				
Date finalised:				
Issue resolved?	YES		NO	
Providers Finding:				
Does the applicant agree with this finding?	YES		NO	
Is this matter referred to the CPT Committee?	YES		NO	

PROVIDER		APPLICANT	
Date:		Date:	
Place:		Place:	
Signature:		Signature:	
Name:		Name:	
Designation:			

Second File of Appeal: SAPTA CPT Certification Committee

Date of receipt:				
Date finalised:				
Issue resolved?	YES		NO	
Committee Finding:				
Does the applicant agree with this finding?	YES		NO	
Is this matter referred to the SAPTA Board?	YES		NO	

CPT Committee		APPLICANT	
Date:		Date:	
Place:		Place:	
Signature:		Signature:	
Name:		Name:	
Designation:			

Third File of Appeal: SAPTA National Board

Date of receipt:	
Date finalised:	
FINAL Finding:	

SAPTA Board		APPLICANT	
Date:		Date:	
Place:		Place:	
Signature:		Signature:	
Name:		Name:	
Designation:			

Please cc all phases of appeal with all attachments to the SAPTA Office Manager for record keeping:

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