

Application for CPD endorsement



Valid from January 2016

GENERAL INFORMATION

ACWA endorses CPD activities that are high quality and relevant to community work practitioners.

Providers who received ACWA endorsement for their training can use ACWA's logo and advertise the endorsement on their marketing material for the duration of the endorsement.

ACWA will send a one-off email to members, subscribers and contacts announcing the endorsement, as well as posting the news on the Association's social media accounts.

Endorsed CPD are listed on ACWA's website and visible to all, including non-members, as well as featuring on ACWA's annual CPD calendar. Endorsed training is also included in ACWA's monthly upcoming CPD emails when appropriate.

APPLICANT DETAILS

PROVIDER DETAILS

Provider name

ABN

Provider phone number

Postal address

Address line 1	
Address line 2	
State	Postcode
Country	

Website

CONTACT PERSON DETAILS

Title: Mr/Mrs/Ms/Miss/Dr/Other

First name

Last name

Position

Phone number (if direct line or different to provider)

Email address

Email this application form, together with supporting material to: assessments@acwa.org.au

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CPD ACTIVITY DETAILS

How many CPD activities are you seeking endorsement for?

We have provided space for you to fill in the details of up to 3 activities. If you need more space please attach a word document with additional program details. If you are seeking endorsement for less than 3 activities enter the relevant details and then skip ahead to the payment section.

Name of activity 1 (as you would like it to appear on ACWA's website)

Mode/s of delivery (face to face, online, upon request only)

Duration (if online please estimate)

If face to face, please provide the name of the facilitator

If face to face, please provide the group size

Please provide a description of the activity and its purpose

Application for CPD endorsement



CPD ACTIVITY DETAILS CONTINUED

Name of activity 2 (as you would like it to appear on ACWA's website)

Mode/s of delivery (face to face, online, upon request only)

Duration (if online please estimate)

If face to face, please provide the name of the facilitator

If face to face, please provide the group size

Please provide a description of the activity and its purpose

Name of activity 3 (as you would like it to appear on ACWA's website)

Mode/s of delivery (face to face, online, upon request only)

Duration (if online please estimate)

If face to face, please provide the name of the facilitator

If face to face, please provide the group size

Please provide a description of the activity and its purpose

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PAYMENT

The application fee for CPD endorsement is non-refundable and, if successful, the endorsement period will be 12 months.

The cost is \$250 *per activity* including GST. A discount may be available if you are seeking endorsement for more than 3 programs however, this will need to be discussed with ACWA prior to applying.

Please enter the relevant payment amount for your application.

PAYMENT OPTIONS

Please select the relevant payment box

- 1) Electronic transfer 2) Credit card 3) Request an invoice

PAYMENT METHODS

- 1) Electronic transfer

ACWA's bank details for payment purposes are as follows. Please use you provider's name as a reference

Name of bank: Bendigo Bank

Name of account: Australian Community Workers Association

BSB: 633-000

Account number: 1459-62320

- 2) Credit card

Please fill in your card details below

Card number (____ / ____ / ____ / ____)

Expiry (__ / __)

Name on card

SUPPORTING DOCUMENTATION CHECKLIST

1. CV with details of the qualifications and experience of faciliator, presenters etc plus 2 Referees
2. Detailed program outline
3. Promotional material including any flyers, images etc that may be included or used in ACWA's promotion of your CPD

DECLARATION

I declare that:

- The information supplied on this form and any attachments to this form are complete, correct and up-to-date.
- I undertake to inform ACWA of any changes to the program/persons conducting the CPD activity during the endorsement period.
- I have read and understood the information provided on ACWA's website that is relevant to this application.

Signature

Date (DD/MM/YY)