# ENGINEERING COUNCIL OF SOUTH AFRICA

**CPD PORTFOLIO FOR THE ANNUAL CYCLE ENDING ……………. (mth & year)**

Form ECPD 1

**Please complete and return to:** The CPD Officer, ECSA, Private Bag x 691, BRUMA, 2026

| **Surname** | | **ECSA Registration No/s.** | |
|---|---|---|---|
| **First Names** | | **Main Registration Category (**Multiple Registrations**)** | |

## 1. CATEGORY 1: DEVELOPMENTAL ACTIVITIES: 10 hours per credit (maximum 4 credits)

| **Name of Activity** | **Date** | **Activity & Hours Claimed** | **Provider** (If provider is not a recognized voluntary association or accredited tertiary educational institution, give also name of recognized voluntary association approving the activity) | **Credits Claimed** |
|---|---|---|---|---|
| Attendance of structured educational / developmental meetings (conferences, seminars, workshops, lectures etc) | | | | |
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| **TOTAL CREDITS FOR THIS ACTIVITY** | | | | |

## 2. CATEGORY 2: WORK-BASED ACTIVITIES

| **Name of Activity** | **Date from** | **Date to** | **Hours Claimed** | **Employer** | **Credits Claimed** |
|---|---|---|---|---|---|
| A) Engineering related work (400 hours per credit - maximum 2 credits) | | | | | |
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| **Name of Activity** | **Date from** | **Date to** | **Hours Claimed** | **Details of Candidates** | **Credits Claimed** |
|---|---|---|---|---|---|
| B) Mentoring candidates in the work place (50 hours per credit – maximum 1 credit) | | | | | |
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| **TOTAL CREDITS FOR THIS ACTIVITY** | | | | | |

## 3. CATEGORY 3: INDIVIDUAL ACTIVITIES

| Type of Activity | Name of Recognized Voluntary Association | | Grade of Membership | Credit Claimed |
|---|---|---|---|---|
| A) Membership of a Recognised Voluntary Association (Maximum 1 credit) | | | | |

| Type of Activity | Date/s | Hours Claimed | Details of Activity | Credits Claimed |
|---|---|---|---|---|
| B) Individual Activities: (10 hours per credit – maximum 3 credits) | | | | |
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| TOTAL CREDITS FOR THESE ACTIVITIES | | | | |

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| **TOTAL OF CREDITS OBTAINED FOR THE YEAR** | |

I, the undersigned, certify that the information contained in this document is correct.

_____          _____
                   **SIGNATURE**                               **DATE**

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