



**THE ALLIED HEALTH PROFESSIONS COUNCIL  
OF SOUTH AFRICA**

**CPD APPLICATION FORM – COMMUNITY HEALTHCARE  
SERVICE**

Complete and submit this application to: [cpd@ahpcsa.co.za](mailto:cpd@ahpcsa.co.za)

**PERSONAL INFORMATION OF APPLICANT (PRACTITIONER/THERAPIST)**

|  |          |  |  |  |  |  |
|--|----------|--|--|--|--|--|
| Name & surname of practitioner/therapist |          |  |  |  |  |  |
| AHPCSA registration number               | <b>A</b> |  |  |  |  |  |
| Registered profession(s)                 |          |  |  |  |  |  |
| Postal address                           |          |  |  |  |  |  |
| Telephone number                         |          |  |  |  |  |  |
| E-mail address                           |          |  |  |  |  |  |

**COMMUNITY HEALTHCARE SERVICE INFORMATION**

|  |                        |                       |
|--|------------------------|-----------------------|
| Name of care centre/facility   |                        |                       |
| Physical address   |                        |                       |
| Postal address   |                        |                       |
| Telephone number   |                        |                       |
| Email address  |                        |                       |
| Date(s) of activity  |                        |                       |
| Mechanism for monitoring attendance  | Per hour               | Per day               |
| Duration of the community care activity<br>** as per the log sheet on page 2 | Number<br>of hours **: | Number<br>of days **: |

**AHPCSA CONDITIONS FOR CPD ACTIVITY AT COMMUNITY HEALTH CARE CENTRES**

Responsibilities towards the care centre

- 1) The practitioner/therapist must report to the person in charge when arriving at and leaving the care centre.
- 2) All procedures of the care centre must be followed.
- 3) Protective gear (gowns, masks, gloves, etc) must be worn if required.

Informed consent to treatment/therapy

- 1) The practitioner/therapist must obtain informed consent to therapy before a treatment/therapy.
- 2) During the initial consultation with a patient, or any person responsible for maintenance of such patient, the practitioner/therapist must use a language that is reasonably understandable to the patient or their carer and must -
  - a. give an accurate description of treatment protocol;
  - b. state the number and frequency of treatment;
  - c. advised of possible reactions after the treatment; and
  - d. The practitioner/therapist must respect the patient's autonomy and self-determination in that on receiving sufficient information regarding the treatment, the patient can decide whether or not to continue with the treatment.
  - e. The practitioner/therapist must further respect the patient's autonomy and self-determination in that they may choose to accept the treatment, or not, but also refuse to allow any anonymous details to be used if they do not wish their treatment to form part of a scientific body of literature for the growth of the profession.

Responsibilities towards Patients

- 1) The practitioner/therapist must always recognise his/her responsibility towards a patient and at all times honour the principle that the treatment should be in the best interest of the patient.
- 2) The patient must be received and treated with respect, dignity, sensitivity, justice and with equality.
- 3) If any condition, medical or otherwise, requires referral for other appropriate treatment, this must be reported to the management of the care centre.

Confidentially

- 1) Confidential information of a patient is of paramount importance and may not be released **without the consent** of the patient, parent or legal guardian of a minor patient.

Work in co-operation with other practitioners/therapists

- 1) The practitioner/therapist shall work in a co-operative manner with other health care practitioners/therapists and recognise and respect their particular contribution within the health care team, irrespective of the paradigm, conventional or otherwise.

| Patient number: | Date: | Hours for CPD: | Modality of treatment used: |
|-----------------|-------|----------------|-----------------------------|
| 1.              |       |                |                             |
| 2.              |       |                |                             |
| 3.              |       |                |                             |
| 4.              |       |                |                             |
| 5.              |       |                |                             |
| 6.              |       |                |                             |
| 7.              |       |                |                             |
| 8.              |       |                |                             |
| 9.              |       |                |                             |
| 10.             |       |                |                             |
| 11.             |       |                |                             |
| 12.             |       |                |                             |
| 13.             |       |                |                             |
| 14.             |       |                |                             |
| 15.             |       |                |                             |

Name of care centre supervisor/matron/practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

Official stamp:

Signature: \_\_\_\_\_