



THE ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CPD APPLICATION FORM – COMMUNITY OUTREACH EVENTS

Complete and submit this application to cpd@ahpcsas.co.za

PERSONAL INFORMATION OF PRACTITIONER/THERAPIST

Name & surname			
AHPCSA registration number	A		
Registered profession			
Address			
Area code + telephone			
E-mail address			

INFORMATION ABOUT COMMUNITY OUTREACH EVENT

Name of organiser, event and/or facility			
Title, name and surname of organiser/supervisor			
Telephone number			
E-mail address			
Address			

COMMUNITY OUTREACH EVENT HOURS

Date(s) of participation	1		2		3	
Duration of event (hours)						
Date(s) of participation	4		5		6	
Duration of event (hours)						
Date(s) of participation	7		8		9	
Duration of event (hours)						
TOTAL HOURS						

AHPCSA: CONDITIONS FOR CPD ACTIVITY AT COMMUNITY OUTREACH EVENTS



Responsibilities towards the event organiser

- 1) The practitioner/therapist must report to the person in charge / event organiser / supervisor when arriving at and leaving the event or facility.
- 2) All rules, regulations and procedures of the event or facility must be followed.
- 3) Appropriate clothing or uniform must be worn if required.

Informed consent

- 1) The practitioner/therapist must use a language that is reasonably understandable to the participant or their legal guardian or carer and must:
 - a. Give an accurate description of the treatment or test procedure protocol;
 - b. Advise of possible reactions after the treatment or test procedure;
 - c. Respect the participant's autonomy and self-determination in that on receiving sufficient information regarding the treatment or test procedure, the participant can decide whether or not to continue or not.
 - d. Respect the participant's autonomy and self-determination in that they may choose to refuse any anonymous details to be used if they do not wish their treatment or test procedure to form part of a scientific body of literature for the growth of the profession.

Responsibilities towards participants

- 1) The practitioner/therapist must always recognise his/her responsibility towards a participant and at all times honour the principle that the treatment or test procedure should be in the best interest of the patient.
- 2) The participant 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 treatments or testing, this must be explained to the participant, their legal guardian or carer.

Confidentiality

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

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 contribution within the outreach care team, irrespective of the paradigm, conventional or otherwise.

Practitioner/therapist:

Name & surname: _____

Signature: _____

Date: _____

Organiser/supervisor:

Name & surname: _____

Signature: _____

Official stamp: