# CPD Endorsement Application Form

Where necessary, additional documentation may be attached to support your application

## Applicant Details

|  |  |  |
| --- | --- | --- |
| Contact person: |  |  |
| Phone: |  |  |
| Email: |  |  |

## Payment

Please indicate your application category (refer to fee schedule on previous page):

|  |  |  |
| --- | --- | --- |
| **Category** | **Yes** | **No** |
| Not for Profit (where activity is offered at nil cost to Members. e.g., clinical education or small-scale/in-house SAS meetings)SAS Accredited Higher Education Provider |  |  |
| Individual Training Provider (Member) |  |  |
| Individual Training Provider (non-member)Other Academic Study ProgramsNot for Profit sector (where learners pay a fee to attend) |  |  |
| All other providers (incl. Non-SAS Accredited Higher Education Provider) |  |  |

## Activity Details

The answers to these questions will be used by the National Accreditation Officer to upload your endorsed activity onto the Events Page of the SAS website.

Please ensure all date and activity information provided for the website is accurate and complete for the entire period of endorsement. While SAS will make every effort to assist with infrequent changes, we have limited capacity to provide ongoing updates to your listing on our website.

|  |
| --- |
| Have you received SAS endorsement for **this activity** in the past? |
| Yes |  | If yes, please provide Endorsement Reference Number (if known) |  |
| No |  |  |

|  |  |  |
| --- | --- | --- |
| Title of Activity: |  |  |
|  |  |  |
| Dates: |  |  |
|  |  |  |
| Duration (in hours): |  |  |
|  |  |  |
| Location(s) of Activity: |  |  |
|  | *If using multiple locations, please be very clear which dates belong to which venue – this will assist us in listing your activities correctly on our website.* |  |
| Cost to Members / non-Members: |  |  |
|  |  |  |
| Registration details: |  |  |
|  | *Please provide the website / email / phone number for registering for the activity* |  |
|  |  |  |
| Presenters (QS2.2): |  |  |
|  | *Please attach a brief CV for each presenter/facilitator outlining their experience and/or qualifications* ***in the content of the activity****.* |  |
|  |  |  |
| Short Description: |  |  |
|  | *2 sentence overview, to be used in the summary listing of the events page* |  |
|  |  |  |
| Long Description: |  |  |
|  | *1 or 2 paragraphs marketing the activity, to be used in the activity details on the events page* |  |
|  |  |  |
| Learning Objectives (QS2.1): |  |  |
|  |  |  |
| Learner Prerequisites: |  |  |
|  | *What skills and / or knowledge (if any) are assumed amongst your attendees,* ***beyond entry level* Psychosexual Therapists and Sexuality Educators** ***skills/knowledge****?(leave blank if no prerequisites)*  |  |
|  |  |  |
|  |  |  |

**Target audience**’s level of competency

|  |  |
| --- | --- |
|  | **General:** Appropriate for all levels of the profession |
|  | **Entry:** Graduated within the previous 2 years, or new to the content area |
|  | **Advanced:** Assumes 2 or more years of experience in the content area |
|  | **Expert:** Several years’ experience in the content area required |

## Quality Standards

This section contains additional questions to ensure the endorsed activity has met the remaining Quality Standards not covered by the questions above. Dot point answers are sufficient – the information given here will not be used on the website.

All questions must be answered.

|  |  |
| --- | --- |
| QS1.1 Explain briefly how this activity is of benefit Psychosexual Therapists and/or Sexuality Educators: |  |
|  |  |
| QS1.2 Demonstrate that the activity is based on recognised or evidence-informed/based practice and/or theory: |  |
|  |  |
| QS2.3 Describe briefly the delivery methods utilised, highlighting opportunities for active engagement of your learners (e.g. group discussions, Q&A sessions, exercises etc): |  |
|  |  |
| QS2.4 Explain how you will ensure that identified learning objectives are achieved: |  |
|  |  |
|  |  |
|  |  |
| QS2.5 Identify which feedback form you will be providing for your attendees (QS:

|  |  |
| --- | --- |
|  | I have my own feedback form (please attach) [Survey Monkey- reveals confidential details of the course] |
|  | Please send me the SAS Feedback form |

 |  |
|  |  |
| QS2.6 Has this CPD Activity’s learning and teaching/training plan been supported by a Clinical Psychosexual Therapist (or in case of educators, Clinical Sexuality Educator)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | By Whom |  |
|  | No | Why not? |  |

QS3.1 For content based on real-world scenarios, has all personal information been de-identified; or has informed consent been obtained in writing from all involved?

|  |  |
| --- | --- |
|  | Information de-identified |
|  | Consent obtained in writing |
|  | Not applicable |

 |  |

# Submitting Your Application

## Checklist

Have you included the following documentation?

|  |  |
| --- | --- |
|  | All fields in form completed |
|  | Brief CV for each presenter |
|  | Flyer (pdf format) for upload to the SAS Events page |
|  | Additional documentation attached |

## SAS Contact

Please contact the National Accreditation Officer via email

Please Note: Your Endorsement administration fee must be received by the SAS before your application can be processed. Administration fees are laid out on page 4 of this document. This fee is to cover administrative costs, and is not a guarantee of successful endorsement.

Payments can be made by:

|  |  |
| --- | --- |
| **Cheque or Money Order**Payable to: **Society of Australian Sexologists Ltd** | **Direct Deposit**BSB: 633 000 Account: 168 632 941*Deposit details* **must** *include**“CPD: Activity Name” as reference*  |

*Please allow 6-8 weeks from the receipt of your complete documentation and payment for your application to be processed.*

# Endorsement Approval and Quality Assurance Checklist

***Office use only***

|  |  |
| --- | --- |
| Title of Activity |  |
| Contact Person |  |

## Quality Standard

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **NA** |
| 1. **Content**
 |
| 1.1 Content is relevant to Psychosexual Therapists and/or Sexuality Educators |  |  |  |
| 1.2 Content is based on recognised or evidence-informed/based practice and/or theory |  |  |  |
| 1. **Educational Standards**
 |
| 2.1 Learning outcomes are explicit |  |  |  |
| 2.2 Activity is delivered by persons with relevant experience and/or qualifications that exceed the content level of the activity |  |  |  |
| 2.3 Learners are given the opportunity to engage in active learning |  |  |  |
| 2.4 Learning is monitored to determine identified learning objectives are achieved |  |  |  |
| 2.5 Attendees participate in evaluation and feedback of the activity |  |  |  |
| 2.6 has the learning & teaching/training plan been supported by a Clinical Member |  |  |  |
| 1. **Ethical Standards**
 |
| 3.1 All personal information has been de-identified, or informed consent has been obtained to use content based on actual scenarios  |  |  |  |
| 1. **Administrative**
 |
| 4.1 Payment has been received in full |  |  |  |
| 4.2 Applicant details complete |  |  |  |
| 4.3 Activity details complete |  |  |  |
| 4.4 Activity has been rated for depth and focus of content |  |  |  |

|  |  |
| --- | --- |
| **Supported by (clinical member):** |  |
| **Endorsement Granted?** |  |
| Reference Number: |  |
| Authorised By: |  |
| Date Authorised: |  |
| Expiry Date: |  |
| Uploaded to Events Page: |  |