

CPD GROUP EVENT ASSESSMENT SUBMISSION FORM



1. GROUP/COMPANY DETAILS

PREVIOUS ASSESSMENTS:
CPD EVENTS CALENDAR:

ISNSW
EVENT
CODE **OFFICE USE ONLY**

Group/Company Name:

Contact Person:..... Date:

Phone: Fax:

Email:

Address:

2. EVENT DETAILS (e.g. seminar/training)

Please note: You are requested to send a list of attendees once the event has been completed.

Event date:

Event Times and Durations:
(Show break times separately)

Event name:

Event location:

Event organiser (if different to above):

Organiser contact details (if different to above):

Have you previously run this event before? If so, when and where?:
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How many people are you expecting to attend the event?

3. CHECKLIST OF ATTACHMENTS

- Program with details**
 - Times and Durations (show break times separately)
 - Topics covered (heading plus detailed explanation)
- I have read the current BOSSI CPD Policy, and I am satisfied that the learning being undertaken as described in this submission, meets the requirement of that policy.**

PLEASE COMPLETE THE FOLLOWING PAGE

WARNING!!! This form should be submitted for CPD assessment prior to your event being held. ISNSW may charge a late fee if the event has already been held.

Continued from Page 1...

What are the expected learning outcomes? Please explain:

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REMEMBER: PROVIDING AS MUCH INFORMATION AS POSSIBLE WILL ENSURE A FASTER TURN AROUND TIME FOR YOUR ASSESSMENT!!!

APPLICANT'S DECLARATION

I declare that the statement/s I have made in this application for CPD Group Event assessment are true and correct.

SIGNATURE:

DATE:

ISNSW CONTACT DETAILS

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