

## APPLICATION FORM FOR ACCREDITATION OF SKILLS DEVELOPMENT PROVIDER

### 1. Occupational qualification for which this specific SDP accreditation application relates

Qualification information	Qualification Title	NQF Level	Credits	SAQA ID

### 2. Curriculum information for the above-mention qualification

Curriculum Code	Curriculum Title

### 3. Prospective SDP information

#### Person/ organisation/Institution details:

Provider name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel number: \_\_\_\_\_

e-mail: \_\_\_\_\_

#### Contact person details:

Name: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Tel number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_

#### 4. Institutional Compliance Information

Is the organisation currently accredited by any Quality Council for training? Yes  No

If already accredited please provide the following information:

Select name of organisation that provided the accreditation:

<b>UMALUSI</b>	<b>CHE</b>	<b>QCTO</b> <small>SETA/professional body accreditation as delegated by the QCTO</small>	<b>OTHER</b> <small>Please specify below</small>
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Accreditation number: \_\_\_\_\_

Accreditation end date: \_\_\_\_\_

In the case where accreditation is from other accrediting body, specify the name:

\_\_\_\_\_

**If your answer is NO above, please provide documentary evidence stated below:**

- Annexure: A** Proof of juristic status/registration (Company Registration Certificate)
- Annexure: B** Valid Tax clearance certificate
- Annexure: C** Financial sustainability information (C1 Business plan; C2 Financial surety; C3 Audited Financial Statement, if applicable)
- Annexure: D** Valid Occupational Health and Safety Certificate, if applicable
- Annexure: E** Facilitator(s) Details - Comprehensive CV and certified copies of ID and qualifications
- Annexure: F** Learner Matters (F1 Learner appeals policy; F2 Learner Code of conduct)

**5. Programme Delivery Readiness Information:**

**NB: All prospective SDPs must complete the following information to obtain programme accreditation.**

**Knowledge Modules**

<b>Curriculum module number</b>	<b>Curriculum module title</b>	<p>Summary evidence to prove that the Applicant SDP meets the requirements specified in the provider programme accreditation criteria for the modules (directly/indirectly)</p> <p>(The requirements should reflect the physical, human resources i.e. Facilitator/s Details - Comprehensive CV, certified copies of ID and qualifications, and any legal aspects that may apply that the provider should have in order to conduct the training and internal assessments)</p>

**Practical Skills Modules**

Curriculum module number	Curriculum module title	Summary evidence to prove that the Applicant SDP meets the requirements specified in the provider programme accreditation criteria for the modules (directly/indirectly)  (The requirements should reflect the physical, human resources i.e. Facilitator/s Details - Comprehensive CV, certified copies of ID and qualifications, and any legal aspects that may apply that the provider should have in order to conduct the training and internal assessments)

I, \_\_\_\_\_ (Full Names and Surname), ID Number \_\_\_\_\_, declares that the information provided is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Note**

Send your completed application form and portfolio to the following address:

The Chief Director: Occupational Qualification Management

Attention: Mr M.P. Segosapelo

Private Bag x 278

Pretoria

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Or deliver your completed application at QCTO Office: 256 Glyn Street, Hatfield, Pretoria, 0083