****

**EVALUATION TOOL**

**FOR**

**ASSESSMENT CENTRE ACCREDITATION**

**QCTO REGISTERED QUALIFICATIONS**

**PROVIDER ACCREDITATION APPLICATION FORM**

|  |  |
| --- | --- |
| Curriculum code | Curriculum Title |
|  | **Occupational Certificate: Grain Depot Manager** |

**PROVIDER INFORMATION**

Provider name:

Address:

**Responsible person details**

Position:

Name:

Tel number:

E-mail:

**Qualifications that accreditation is required for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accreditation status**

|  |  |  |
| --- | --- | --- |
| Are you currently registered as an examination centre by an Assessment Body or Department of Education or any other Body? | **Yes** |  **NO** |

If already registered, please provide the following information:

Name of organization:

Examination Centre Number if applicable:

Examination cycles:

**registered qualification/s applying for:**

|  |  |
| --- | --- |
| **QUALIFICATION TITLE** | **Occupational Certificate: Grain Depot Manager** |
| **NQF LEVEL** |  |
| **CREDITS** |  |
| **SAQA ID** |  |
| **OFO CODE** |  |

**ANNEXURE A: DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name and surname)

Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the duly authorized representative of

the institution hereby declares the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CRITERIA** |  | **YES** | **NO** | **COMMENT/S** |
| **Legal compliance** | Is certificate authentic and does it demonstrate the following? Type of business registered. |  |  |  |
| Registered name of company. |  |  |  |
| Registration date andnumber. |  |  |  |
| Tax clearance certificate indicating the following:Registration start date andexpiry dateis the tax clearance in good order? |  |  |  |
| **Governance, management and administration** | Does the entity demonstrate authorised executive officers or senior managers? |  |  |  |
| Organisational charts in place? |  |  |  |
| Financial sustainability? |  |  |  |
| **Valid Occupational Health and Safety Certificate, if applicable** | Does the entity meet the relevant standards of:Occupational health and safety? (provide proof) |  |  |  |
| Does the entity have an OHS expert in its staff? |  |  |  |
| **Appropriately qualified assessment staff** | Certified copies of qualifications (Foreign qualifications submitted to be accompanied by SAQA evaluation document). |  |  |  |
|  | The required technical expertise to conduct the integrated external assessment. |  |  |  |
| Check the evidence of policies and procedures for staff development opportunities. |  |  |  |
| **Required physical resources and equipment** | Venues meet the requirementsand expected standards e.g. floor plans. |  |  |  |
| Machinery equipment, protective clothing as specified in the qualification or part qualification (Attach a list required and indicate the availability of the tools and equipment). |  |  |  |
| Does the entity have the guidelines and procedures for conducting assessments? |  |  |  |
| **Learner information- (informed and protected learners)** | Appeal and grievance procedures. |  |  |  |
| Learner support and code of conduct. |  |  |  |
| Learner records of assessments conducted |  |  |  |
| Generates reports as required, such as learner retention rates, attainments, attendance and learner details/ratio. |  |  |  |
| **Management information system** | Safe keeping of records and documentation |  |  |  |
|  | Contains detailed information on past and present learners. |  |  |  |
|  | Evidence of individual learner progression recorded. |  |  |  |
|  | Monitoring of feedback from stakeholders, including learners and industries. |  |  |  |

*If not yet accredited enclose the following:*

Annexure C: Proof of juristic status

Annexure D: Tax clearance certificate

Annexure E: Occupational Health and Safety Certificate

**ASSESSMENT QUALITY PARTNER RECOMMENDATIONS**:

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**RESPONSIBLE PERSON’S DETAILS:**

Name:……………………………….. Signature:…………………………

Designation:………………………… Date:………………………………

**AQP’S REPRESENTATIVE DETAILS:**

Name:………………………………… Signature:……………………

Designation:………………………… Date:…………………………..