

SKILLS DEVELOPMENT PROVIDER ACCREDITATION APPLICATION FORM (2018/01/29)

- This application form must be completed once all relevant documents for the qualification on the QCTO website (qualification document, curriculum, and Qualification Assessment Specifications) have been consulted, as well as all QCTO policies.
- One application form per qualification must be completed in full.
- This application form, together with the institution's Portfolio of Evidence (Annexures A - J) must be couriered or hand delivered to the QCTO.

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

Qualification information	Qualification Title	SAQA ID	NQF Level	Credits
Curriculum Title:		Curriculum Code:		

Note: Curriculum information details is obtainable from QCTO website: www.qcto.org.za

2. SDP Applicant information

LEGAL NAME: (as per company registration document):	
PHYSICAL ADDRESS:	
Town/City:	
Province:	
POSTAL ADDRESS:	
Town/City:	
Postal Code:	
NAME OF CONTACT PERSON:	
Position/Designation:	
Email Address:	
Contact Number (landline):	
Cell Number:	
Alternative Contact Details:	
Name of Contact person:	
Position/Designation:	
Email Address:	
Contact Number (landline):	
Cell Number:	

3. Type of Accreditation Application for Occupational Qualifications [mark with an X]

New Application (Whole form must be completed and ALL Annexures submitted)	
Extension of Scope / accredited SDP applying for additional qualifications (Whole form must be completed and ALL Annexures submitted)	
Amendment of Contact Details (change of address, contact details, etc.) Only complete no 1 -3 (and include Annexure A, B, C, D, I & J)	

4. Annexures to be submitted

Please provide a Portfolio of Evidence (PoE) containing ALL of the following (Annexures A – J):

ANNEXURE:	EVIDENCE	Tick (✓) if included in PoE
A	Proof of juristic status (Company Registration Certificate for example as issued by CIPC)	
B	Valid Tax clearance certificate	
C1	Financial sustainability information (C1 Business plan [new company/ institution];	
C2	C2 Audited Financial Statement, [if company/institution has been operational for more than 1 year]; not applicable to a new institution)	
D	Valid Occupational Health and Safety Audit Report	
E	Completed Implementation Plan (attached Form 1)	
F	Comprehensive CVs of facilitators and certified copies of ID and qualifications as per curriculum specifications.	
G	Learner Matters (Learner Information Guide, i.e. processes from enrolment to certification; completed attached Form 2)	
H	Completed Learning Material Matrix (attached Form 3)	
I	Signed Memorandum of Understanding (MoU) for the implementation of the workplace component, indicating clear deliverables for learners	
J	Signed Declaration Form (attached Form 4)	

Signed Declaration:

I, _____ (Full Names and Surname), Identity Number _____, declares that the information provided is true and correct, and that the required facilities and resources are available for the implementation of this qualification.

SIGNATURE

DATE

IMPLEMENTATION PLAN/PROGRAMME DELIVERY STRATEGY

Name of Institution:				
Qualification information:	Qualification Title	SAQA ID	NQF Level	Credits

An Occupational Qualification consists of 3 components: Knowledge, Practical and Workplace. By completing this form, the institution should indicate a thorough understanding of how an occupational qualification should be implemented. Please study the relevant qualification document, curriculum document and assessment specification document before completing this form (available on the QCTO website www.qcto.org.za)

1	PROPOSED DURATION FOR THIS QUALIFICATION:						
	FROM (insert date):			TO (insert date):			
2	MODULES AND FACILITATORS/LECTURERS: (list all relevant modules; extend table as required to include all modules)						
	Knowledge Modules:	Hours on time-table:	Curriculum Code:	Facilitator: (Initials & Surname)	ID / Passport No:	Highest Qualification:	Type of Industry experience & no. of years:
	Practical Modules:		Curriculum Code:	Facilitator: (Initials & Surname)	ID / Passport No:	Highest Qualification:	Type of Industry experience & no. of years:

	Workplace Modules:		Curriculum Code:	
2	Confirm whether your institution has all the relevant physical resources for the implementation of this qualification as per curriculum requirements:			
	List of required resources as detailed in the Curriculum: (Extend table as required)	Module Name:	YES:	NO:
3	How would your institution ensure that your staff and learners have a thorough understanding of the occupational qualification, including the final External Integrated Summative Assessment?			
4	Explain how your institution would quality assure occupational qualifications offered:			
5	How would your institution ensure that your staff and learners have a thorough understanding of the occupational qualification, including the final External Integrated Summative Assessment?			



IMPLEMENTATION PLAN/PROGRAMME DELIVERY STRATEGY

Form 1
Annexure E

Name of Institution:				
Qualification information:	Qualification Title	SAQA ID	NQF Level	Credits

Although the QCTO is not prescriptive in the form or manner of learning material that will be used to implement the curriculum, it is nevertheless still important to indicate how the content will be covered. Bear in mind that learning material for this qualification should be aimed at the implementation of all three components that would best benefit the achievement of all competencies, in order for learners to achieve a Statement of Results.

The three components should not be presented in isolation, but should rather be integrated, and any exercises or applied practicals should be occupationally directed (work tasks).

Guidelines on the completion of the below matrix:

- The name(s) of the learning material or text books to be used should be inserted vertically in the yellow blocks:
- Complete the table by indicating on what pages the content will be covered for each item in all modules in the curriculum (extend the table as required to include ALL MODULES)

For example:

<i>Learning Material:</i>	<i>CODE</i>	<i>Text Book: Public Administration, Krantz, AB</i>	<i>Learning Guide</i>	<i>Internet/Media/Use of technology (e.g. YouTube, etc.)</i>		
KNOWLEDGE COMPONENT						
Module 4: Public Service Communication & Administration	334102001-KM-04	Pp 68-94	Pp 59-72			
• Organisational structure and functions of Departments	KM-04-KT01	Pp 68-75	Pp 59-61	Video 3		
• Functions and types of policies	KM-04-KT02	Pp 76 - 94	Pp 62 - 64			
• Policy roles and responsibilities	KM-04-KT03		Pp 65 - 67			
• Monitoring & Evaluating Service Delivery	KM-04-KT04		Pp 68 - 72			

Learning Material:									
KNOWLEDGE COMPONENT									
Module Name 1									
Module Name 2 (etc)									
PRACTICAL COMPONENT									
Module Name 1									
Module Name 2									
WORKPLACE COMPONENT (may also be in the form of a logbook, covering the competencies required in the workplace)									
Module Name 1									
Module Name 2 (etc.)									

Name of Institution:				
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By completing this form, you will be informing the QCTO of your institution's profile and ability to roll-out an occupational certificate:

1	Provide copies of your institution's policies covering the following aspects:							
	<ul style="list-style-type: none"> ▪ Teaching and Learning ▪ Assessments ▪ Appeals 							
2	Provide copies of the following (if established institution):							
	<ul style="list-style-type: none"> ▪ Learner prospectus ▪ Marketing material used 							
3	Indicate the mode of delivery to be used:							
	Face-to-face:		Distance:		E-learning:		Other:	
	<i>If "other", explain:</i>							
4	Explain how the policies mentioned in no. 1 are implemented by staff and learners:							
5	How does your institution establish your target group for this specific occupational qualification?							
6	Explain how your institution complies with the relevant legislative & regulatory requirements (e.g. public & learner liability, health & safety, confidentiality of learner information, disability access, etc.)							
7	What are your screening and selection processes?							

8	How would learner induction for all three components of the qualification take place?
9	What learner support would your institution offer to learners in order to achieve competence in all three components of the qualification?
10	What systems are in place to track individual learner progress?
11	Explain how formative assessments would take place for this occupational qualification:
12	How would these formative assessments be moderated:
13	How is learner information/data/records managed in your institution (LMS)?
14	How does your institution make use of an internal verification process to ensure quality teaching and assessment?
15	How do you evaluate your success as a teaching and learning institution?
16	How will your institution ensure certification with the QCTO for successful learners?

Name of Institution:				
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I, (full name and surname) _____

Identity Number _____, as the duly authorised representative of

the above-mentioned institution, hereby declare the following:

CRITERIA		YES	NO	COMMENTS
Legal compliance	The institution is registered as required by the South African law			
	The institution has a valid and current lease agreement or proof of ownership of the premises			
	The institution has a valid tax clearance certificate			
Governance, management and administration	The institution has the financial sustainability to offer this occupational qualification			
	The institution has proper budgetary and financial management processes in place			
	The institution has a valid OHS Report in place			
	The institution has sufficient and appropriately qualified staff in place to offer this occupational qualification			
	The institution has CVs of above-mentioned staff and contracts in place			
	The institution has <u>all the relevant resources</u> as per curriculum requirements in place			
	The institution has an LMS in place which can generate reports as required, such as learner retention rates, attainments, attendance and learner details/ratio.			

All specified Annexures and completed Forms that accompany this application authentically relate to this institution.

Name: _____

Signature: _____

Designation: _____

Date: _____