|  |
| --- |
| **QCTO MANAGER DETAILS** |
| Name of QCTO Manager: |  |
| Telephone Number: |  |
| Email: |  |
| Cell number: |  |
| Date of visit: |  |
| Venue: |  |
| PROVIDER DETAILS |
| Name of Provider: |  |
| Physical Address: |  |
| Telephone Number of Provider: |  |
| Name of Principal/Manager: |  |
| Cell number: |  |
| QCTO accreditation letter – Period of accreditation: |  |
| Type of accreditation: |  |
| Accreditation Number: |  |
| QUALIFICATION DETAILS |
|  |  |
| Name(s) of Qualification(s): | SAQA ID | Curriculum Code  | NQF Level | Credits |
|  |  |  |  |  |
| Registration Start date: |  | Last date for Enrolment: |  |
| Registration End date: |  | Last date for Achievement: |  |
| **LEARNER DETAILS** |
| Name(s) of Qualification(s): | No. of learners enrolled: | No. of learners on course for EISA | No. of dropouts | Reason(s) for dropouts | No. of learners with special needs: |
|  |  |  |  |  |  |
| **KNOWLEDGE AND PRACTICAL MODULES: FACILITATORS, ASSESSORS AND MODERATORS DETAILS** |
| Name(s) of Qualification(s): | Name of Facilitators: Knowledge | Name of Facilitators: Practical | Name Assessors: Knowledge | Name of Assessors: Practical | Name of Moderators: Knowledge and Practical |
|  |  |  |  |  |  |
| **WORKPLACE MODULES: MENTORS** |
| Name(s) of Qualification(s): |  |
|  |

| **No.** | **CRITERIA** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Implementation of Programme** |
| 1.1 | Environment is conducive to teaching and learning (clean / lighting / ventilation / equipment / furniture / learning material, etc.) |  |  |  |  |
| 1.2 | Evidence of OHS: signage, evacuation plans, OHS signs, valid OHS verification |  |  |  |  |
| 1.3 | CVs of facilitators indicate relevant experience in the particular subject area |  |  |  |  |
| 1.4 | Qualifications of facilitators used are appropriate |  |  |  |
| 1.5 | Proof of planning is evident: |  |  |  |  |
|  | * Timetables for learners
 |  |  |  |
| * Timetables for facilitators
 |  |  |  |
| * Evidence that facilitators are prepared for each class (e.g. facilitator file, presentations, etc.)
 |  |  |  |  |
| * Evidence of scheduled formative and summative assessments
 |  |  |  |  |
| * Minutes of management & staff meetings
 |  |  |  |  |
| * Evidence of enrolled learners per qualification with required details, (as per QCTO requirements for NLRD)
 |  |  |  |  |
| 1.6 | Learner Records |  |  |  |  |
|  | * Signed enrolment form
 |  |  |  |  |
| * Certified copy of IDs
 |  |  |  |  |
| * If foreign learners, certified copies of passport, and study permit
 |  |  |  |
| * Certified copy of qualification/s
 |  |  |  |  |
| * Learners’ records sampled have met entrance requirement of qualification
 |  |  |  |  |
| * Other (e.g. learner orientation, evidence of implementation of CAT, etc.)
 |  |  |  |  |
| 1.7 | Evidence of learner support throughout the programme |  |  |  |  |
| 1.9 | The facilitator demonstrates the required presentation skills |  |  |  |  |
| 1.10\* | The facilitator demonstrates knowledge of the subject content |  |  |  |
| 1.11\* | The learners actively participate in the learning process |  |  |  |
| 1.12\* | Provision has been made for learners with special needs (in their policy) |  |  |  |  |
| 1.13 | Provide a narrative of the roll-out of the training: (e.g. how the training of Knowledge / Practical / WIL takes place; length of each as well as any challenges experienced) |  |
| **2.** | **Assessment Strategy used by the Provider** | **Y** | **N** | **N/A** | **Comments:** |
| 2.1  | Is an assessment strategy in place?  |  |  |  |  |
| 2.2 | Does the assessment strategy contain relevant information( e.g. class tests, assignments, summative assessments, etc)  |  |  |  |  |
| 2.3 | Does the SDP’s assessment strategy take into account External Assessment Specifications of the qualification? |  |  |  |  |
| 2.4 | There is evidence that: |  |  |  |  |
|  | Assessment is an on-going process to guide and prepare the learners and not only done at the end (check dates of assessment and feedback) |  |  |  |  |
| 2.5 | Learner work is assessed and up to date |  |  |  |  |
| 2.6 | Is the provider aware of and implementing curriculum weightings stipulated for the qualification/s |  |  |  |   |
| **3.** | **Record-keeping** |  |  |  |  |
| 3.1 | Records are kept of *all* learner attendance for Knowledge, Practical and Workplace modules. |  |  |  |  |
| 3.2 | Assessment results for theory/ practical/ workplace experience are maintained |  |  |  |  |
| 3.3 | An MIS is used for the recording of results |  |  |  |
| 3.4 | Learner data is captured correctly in the MIS |  |  |  |
| **4.** | **General** | **Y** | **N** | **N/A** | **Comments** |
| 4.1 | There is evidence that issues raised and/ or recommendations made in previous reports have been addressed by the provider. (Explain how under “comments”) |  |  |  |  |
| **5.** | **Areas of good practice:** |
|  |  |
| **6.** | **Recommendations for improvement:** |
|  |  |

\* Are applicable where monitoring is taking place at the site of learning

\*\* Indicate where there are variances in the different External Assessment Specifications

**QCTO MANAGER SIGNATURE DATE**