



PROVIDER ACCREDITATION APPLICATION FORM

Curriculum Code	Curriculum Title

AQP information

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

Note : the content of above will be printed by the qualifications development tool

1. PROVIDER INFORMATION

Institution details

Provider name: _____

Physical Address: _____

Postal Address: _____

Tel number: _____

e-mail: _____

Responsible person details

Name: _____

Position: _____

Tel number: _____

Cell phone number: _____

e-mail: _____

2 ACCREDITATION STATUS

Are you currently accredited by a Quality Council for training ? yes no

If already accredited please provide the following information:

Select name of organisation that provided the accreditation:

Accreditation number: _____

End date of accreditation: _____

3 REQUIRED SUPPORTING DOCUMENTATION

3.1 All applicants must enclose the following to obtain programme accreditation:

Annexure A: Declaration

Annexure B: Indication of resources to offer the curriculum components including a letter of recommendation from an approved workplace

Annexure C: Maintenance and procurement plan

3.2 If not yet accredited enclose the following to obtain institutional accreditation:

Annexure D: Proof of juristic status

Annexure E: Tax clearance certificate

Annexure F: Occupational Health and Safety Certificate

Annexure G: Proof of financial sustainability (e.g. audited financials or business plan)

ANNEXURE A: DECLARATION

I (full name and surname) _____

Id number _____, as the duly authorised representative of the training institution, hereby declare that the training institution:

		YES	NO	Signature
1	Is safe, secure and accessible to learners			
2	Has a suitable and compliant MIS to <ul style="list-style-type: none"> • Track learner performance • Enrol learners for the external assessment in the form and manner required by the AQP Note: The MIS must comply with requirements of AQP and NLRD			
3	Will only enrol learners for registered full or part qualifications and where agreements exist with workplaces to offer the required work experience component for the registered full or part qualification.			
4	Has a system to coordinate learning and assessment across the knowledge and practical skills curriculum components and has a linkage with an approved workplace/s to offer the work experience component.			
5	Has a system to issue statements of results for knowledge and practical skills component.			
6	Is fully aware of the content of the knowledge and practical curriculum components and have access to appropriate and relevant learner support materials, tools, machinery, equipment and consumables to offer the modules.			
7	Has access to suitable qualified staff to facilitate the learning and conduct internal assessment as stipulated in the curriculum module specifications.			
8	Has access to suitable qualified staff to internally moderate internal assessments			
9	Will adhere to any monitoring and evaluation activities required by the relevant AQP			

Signed on _____ at _____

Name

Signature

ANNEXURE B: PROGRAMME REQUIREMENT DETAILS

1. Complete the details in column 3 below
2. Attach a letter of recommendation from an employer indicating a relationship with the employer

Curriculum module number	Curriculum module title	Indicate what resources, tools, equipment, machinery, material, protective clothing, and learning material is available to offer the modules

Note : the content of columns one and two will be printed by the qualifications development tool

ANNEXURE C: MAINTENANCE AND PROCUREMENT PLAN

- 1 Where any machinery or equipment has been listed in Annexure B, column 3, a maintenance plan for the relevant machinery or equipment and a procurement plan for consumables must also be included.

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