MONITORING REPORT

Type of Visit	*(Please Tick)*
QMS Implementation	
Training Delivery	
Workplace Delivery	

SECTION 1: Contact details

Name of Skills Development Provider:				
Registered Company Name:				
Trading as:				
Accreditation status:	Date of accreditation		Date of expiry	
Scope of delivery:	Primary Focus		Secondary Focus	
Accreditation number:				
Physical Address:				
Geographic Positioning Systems (GPS) Coordinates:				
Site: Head Office or Satellite Office?	Head office		Satellite office	
Postal Address:				

Geographic distribution of business, branches, training sites:	Province				
	Eastern Cape		Kwazulu-Natal		North West
	Free State		Limpopo		Northern Cape
	Gauteng		Mpumalanga		Western Cape

Contact person(s) Name(s):		
Skills Development Provider Representative: (*if different from above*)		
Telephone No:	Code	
Facsimile No:	Code	
Cellular No:		
E-mail address:		
Website address:		
Name of the HWSETA Representative(s):		
E-mail address:		
Date of visit:		

SECTION 1(a): Legislative Requirements

No:	Required Evidence	Yes	No	Recommendation/ Comments
1.	Proof of Company registration:			
2.	NPO,NGO, CPO Registration:			
3.	Is a current tax clearance certificate from SARS available?			
4.	Is there a current written lease agreement or proof of ownership and/or proof of share agreement available?			
5.	Has the provider received funding from the SETA or any other funder?			
6.	Proof of Operating Bank Account (Letter from the bank)			
7.	Does the provider have audited financial statement(s) **Or** a letter from the accountant stating that they comply with GAAP (Generally Acceptable Accounting Practices)			
8.	Contractual agreements where equipment is leased			

SECTION 1 (b): Areas for remediation addressed by the provider from the previous visit

Date of Previous Visit				
Type of Visit				
Name/s of the previous HWSETA representative/s				
Learner Achievement Endorsed	**YES**	**NO**	**Comments:**	
Re-accreditation	**YES**	**NO**	**Comments:**	
Monitoring Results	**YES**	**NO**	**Comments:**	

No:	Items of the Previous Developmental Plan	Addressed (Yes/No)	Recommendation/ Comments

SECTION 2: Scope of Delivery – Primary Focus

No:	List the Qualification(s) / Learning Programme(s) /Unit Standard(s) for which the Provider has programme approval from the HWSETA ETQA **(51% of the scope of delivery needs to fall within the HWSETA scope.)**						
	Qualification ID/ Unit Standard ID	**Electives (*for a qualification*)**	**Expired**	**Current**	**Level**		**Credits**
1.							
2.							
3.							
Is the Learning Programme Approval letter available? If yes, a copy of each to be supplied.					**Yes**		**No**	
Is the Learning Programme Approval report available? If yes, a copy of each to be supplied.					**Yes**		**No**	
Is the Accreditation letter available? If yes, a copy of each to be supplied.					**Yes**		**No**	
Comment:							

SECTION 3: Scope of Delivery – Secondary Skills Development Provider Accreditation Details

Accrediting ETQA					
Accreditation number					
Accreditation Start & End Date					
Programme Approval	**YES**		**NO**		**Ref No**	
Is the Accreditation letter available? If yes, a copy of each to be supplied.				**Yes**		**No**	

List the Qualification(s) / HWSETA Registered Skills Programme(s) for which the Provider has been approved by the HWSETA ETQA. If there is any non-primary focus provider, the provider must be advised of the MOU process that needs to be followed.

Qualification ID	**Electives**	**Skills Programme**	**Credits**

SECTION 4: Extension of Scope to Other ETQAs

Has the provider extended their scope to another ETQA? If yes, please indicate with which SETA ETQA.	ETQA	ETQA	ETQA

List the Qualification(s)/Unit Standard(s) for which the Provider has been approved by the ETQA		
Qualification(s)	Unit Standard(s)	Credits

Is the Learning Programme Approval letter available? If yes, a copy of each to be supplied.	Yes		No	

SECTION 5 (a): Provider Enrolment History (HWSETA Only)

Year	Qualification ID/ Unit Standard ID	Number of Learners Enrolled	Number of Learners Dropped Out	Number of Learners Endorsed	Number of Facilitators	Number of Assessors	Number of Moderators

SECTION 5 (b): Provider Enrolment History (Other ETQAs)

Year	Qualification ID/ Unit Standard ID	Number of Learners Enrolled	Number of Learners Dropped Out	Number of Learners Endorsed	Number of Facilitators	Number of Assessors	Number of Moderators

SECTION 5 ©: Status of Training Implementation

Registered Qualification/skills to be implemented:		
Registration period of Qualification:	***Last date of Enrolment**	****Last date of achievement**
Programme approval date:		
Mode of training:	**Learnership**	**Normal mode of training**
	(Tick)	*(Tick)*

*Last date of Enrolment – Final date learners to be captured on HWSETA SMS
**Last date of achievement – Final date of learner achievement for certification.

Status of Training Implementation	*(Please tick applicable box)*
Training in Progress	
Training Completed	
Status of learner upload and/linking	
Qualification(s) and/or skills programme Details	
Total Registered/trained Learners	
Start Date:	**Expected End Date:**
Observations on Training *(if in progress)*	**Comments**

Section 5(d): Practitioner Details

5.1 Assessor(s)

	Assessor Name	**ID Number**	**Qualification / Unit Standard Assessed**	**Registration No (HWSETA)**
1				
2				
3				

5.2 Moderator(s) Details

	Moderator Name	ID Number	Qualification / Unit Standard Moderated	Registration No (HWSETA)
1				
2				
3				

SECTION 6: Workplace Experiential Learning Implementation

Name of Employer			
Company registration Number			
Physical Address			
Postal Address			
GPS Coordinates			
Contact person(s) Name(s)			
Telephone No.	**Code**		
Facsimile No.	**Code**		
Cellular No.			
E-mail address			
Website address			
Workplace Mentors 1	**Name:**		
	Position:		
Workplace Mentors 2	**Name:**		
	Position:		
Status of Workplace Experiential Learning	*(Please tick applicable box)*		
Workplace Experiential Learning			
Workplace Experiential Learning Completed			
Status of learner upload and/linking			
Qualification(s) and/or skills programme implemented by the Workplace			

Total Registered/trained Learners	
Start Date:	**Expected End Date:**
Observations on Workplace Experiential Learning *(if in progress)*	**Comments**
Relevance of the Workplace to the Learning Programme implemented	
Completion of learner attendance registers	
Completion of Learner Logbooks	
Relevance of learner workplace activities to the learning programme implemented	
Learner support and mentorship implemented at the workplace	

SECTION 7: Learning Programme Design, Development, Delivery and Evaluation

Does the Provider have the following available and in place?	Yes	No	Recommendation/ Comments
- Learning Programme ID and description			
- Full learning material presented			
Evaluation: Learning material - Learner Orientation guide - Facilitator's guide - Learner's guide - Assessor's guide - Moderator's guide - Workplace Guide - Assessment Instruments & Tools - Learner workbook - Learner's PoE (Table of Contents)			

Notes: The officers must ensure that the guides have addressed the following aspects:
    a. Assessor guide

- *Clear instructions to the assessor and learner*
- *Valid and appropriate assessment methods, assessment criteria and tools with detailed scoring criteria & record sheets*
- *Assessment plan prepared along with the HWSETA quality guidelines*
- *Time frames and location of assessment*
- *Coverage of unit standards, skills programme and/ or qualifications on which the LP is based.*
- *Pre-assessment meeting*
- *How practical, foundational and reflective competences will be assessed?*
- *How applied competence will be assessed in an integrated assessment*
- *How Critical Cross Field Outcomes will be assessed?*
- *Learner feedback to the assessor*

    b. Moderation Guide

- *Pre-moderation meetings*
- *Clear instructions to the moderator and assessor*
- *Valid and appropriate moderation tool*
- *Valid and acceptable sampling of assessment criterion (e.g. 10 % of 50 learners)*
- *Moderation plan prepared along with the HWSETA quality guideline and is based on the assessment plan for the learning programme being moderated*
- *Covers all moderation cycles (Pre-, during & post assessment phases).*

SECTION 8: Compliance to Occupational Health & Safety and Physical Resources.

Does the Provider have the following available and in place?	Yes	No	Recommendation/ Comments
Health and Safety Facilities - Fire extinguishers/ Smoke detectors there and serviced - Evacuation plan - Evacuation procedure - Emergency exit(s) - First Aid box with all necessary first aid materials and equipments (First aid list) - No Smoking Sign(s) - Emergency Assembly point - Safety representative appointed - First Aider appointed - Safety committee - Minutes of Safety meetings			
Ablution Facilities - Availability (Staff and Learners) - Separate (Ladies and Gents) - User friendly to persons with disabilities			
Physical Resources: - Training Facilities and Equipment			

SECTION 9: ETD Practices

Does the Provider have the following available and in place?	Yes	No	Recommendation/ Comments
- Signed employment Contract for all the employees, which includes a clear job description with Key Performance Areas and Staff Development Plan			*(List all employees)*
- Signed Contract with the registered assessor *(provide name/s)*			
- Signed Contract with the registered moderator *(provide name/s)*			
- Facilitator registered as an Assessor and/or Moderator *(provide name/s)*			
- CV of the administrator and copies of the certificates *(provide name/s)*			
- Organogram – *clearly indicating the names of the staff member, the title of their position and their roles*			
- Code of conduct for assessor, signed by both Provider and assessor *(provide name/s)*			
- Code of conduct for moderator, signed by both Provider and moderator *(provide name/s)*			

SECTION 10: Quality Management Review

The Officer must verify that all policies below are available and have been implemented practically during the deliverance of the learning programme. Where amendments have been made to a particular policy, evidence must be provided indicating the amendment and implementation.

1. Quality Management Review Mechanisms			
Does the provider have the following in place?	**Yes**	**No**	**Recommendation/ Comments**
Quality Management Review Committee in place?			
Is there a schedule of review activities available?			
Agendas & Signed Minutes of meetings where QMS was discussed			
Signed Attendance registers of meetings			
Internal & External Audit Plan/ Schedule available?			
Internal QMS & LP audits conducted? (availability of audit report) - Status of corrective actions and preventative actions are identified			

External QMS & LP audits conducted? (availability of audit report)
   - Which will include customer feedback
   - Status of corrective actions and preventative actions are identified			

Outputs Documented - Reporting (Non Conformance Reports; Corrective Actions etc.)			
Review footnote or table			
2. Organizational processes?			
Does the provider have the following in place?	**Yes**	**No**	**Recommendation/ Comments**
Conduct Regular meetings			
Attendance register(s) of meeting(s)			
Agendas & Minutes of meeting(s)			
Follow up actions from previous meeting(s)			

SECTION 11: Monitoring Recommendations – Management approval

HWSETA Representative Name							
Outstanding documentation submitted	Yes		No		N/A		
Monitoring Requirements have been met	Yes		No				
Comments							
Signature					Date		
Provincial Manager's Name							
Learner Achievement Manager's Name							
Recommendation Endorsed	Yes		No				
Comments							
Signature					Date		
ETQA Executive Manager's Name							
Recommendation Endorsed	Yes		No				
Comments							
Signature					Date		

SECTION 12: Acceptance of Report

Please complete the table below to authenticate the aforementioned information in relation to the findings of the visit. Please take note that the information that you will provide below will serve as the agreement between the HWSETA Representative(s) and the Skills Development Provider Representative(s) on the contents of this *"Report"*.

No.	HWSETA Representative(s)	Designation	Signature	Date of Visit
1.				
2.				
3.				
Name Of The Training Provider:				
	Skills Development Provider Representative(s)	Designation	Signature	Date of Visit
1.				
2.				
3.				

SECTION 13: Monitoring Developmental Plan

If applicable, please complete the *"Monitoring Developmental Plan"* taking into consideration all the vulnerabilities that could lead to the monitoring outcome not meeting the HWSETA requirements. Please ensure that the Skills Development Provider accept(s) the Monitoring Developmental Plan by signing it off. This section should be handed to the Skills Development Provider on conclusion of the monitoring visit.

VULNERABILITY	CORRECTIVE MEASURES	RESPINSIBLE PERSON	COMPLETION DATE
ACCEPTANCE OF THE MONITORING DEVELOPMENTAL PLAN			
Skills Development Provider Representative	*Designation*	*Signature*	*Date*
HWSETA Official(s)	*Designation*	*Signature*	*Date*