



RE-ACCREDITATION APPLICATION FORM

VERSION 2.0

2014

TO BE COMPLETED BY THE SKILLS DEVELOPMENT PROVIDER (SDP)

Provider Name		Date of submission	
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FOR HWSETA OFFICE USE ONLY

Received by		Date Received		Evaluated by	
Acknowledged by		Date acknowledged		Date evaluated	
Evaluation Outcome		Date of Feedback			

Document Name: Re-Accreditation application form	Division: ETQA
Date Approved: July 2014	Version: No 2.0:
Date Revised: July 2014	Period of Validity: 1 Year

IMPORTANT INFORMATION TO TAKE NOTE OF

- This application form must be completed and submitted by SDP accredited by the HWSETA **six (6) months** before the date of the expiry of accreditation;
- No re-accreditations will be considered without the submission of this application form;
- Should this application form and accompanying documents be compliant the HWSETA will conduct a site visit to evaluate institutional viability for re-accreditation to be granted for another 5 years;
- SDPs who were accredited to offer single unit standards will have to apply for programme approval for either a skills programme or a full qualification.

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SECTION 1 – Provider Information

Name of SDP								
Registered Company Name								
Trading as								
Accreditation status	Date of accreditation			Date of expiry				
Scope of delivery	Primary Focus			Secondary Focus				
Accreditation number (Expired)								
Physical Address of Main Campus								
GPS Coordinates								
Postal Address of Main Campus								
Geographic distribution of Satellite training campuses	Province							
	Eastern Cape	Approved by HWSETA		Kwazulu-Natal	Approved by HWSETA		North West	Approved by HWSETA
								Yes
	Free State	Approved by HWSETA		Limpopo	Approved by HWSETA		Northern Cape	Approved by HWSETA
								Yes

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	Gauteng		Approved by HWSETA		Mpumalanga	Approved by HWSETA		Western Cape	Approved by HWSETA	
			Yes	No		Yes	No		Yes	No
Date/s of establishment of the Satellite Campuses (if any)										
Contact person(s) Name(s)										
SDP Representative (if different from above)										
Telephone No.	Code									
Fax No.	Code									
Cellular No.										
E-mail address										
Website address										

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Name of Skills Development Provider:	
Name of Programme submitted for approval:	
Assessor/s: <ul style="list-style-type: none"> ◆ Name and Surname ◆ ID number (attach certified copy) ◆ HWSETA registration number/s(attach ◆ certified copy of notification letter) ◆ Signed SLA/Contract copies 	
NB: Must be registered for the same programme applied for. All Facilitators must be registered Assessors.	
Moderator/s: <ul style="list-style-type: none"> ◆ Name and Surname ◆ ID number(attach certified copy) ◆ HWSETA registration number/s (attach ◆ certified copy of notification letter) ◆ Signed SLA/Contract copies 	
NB: must be registered for the same programme applied for	
QMS Reviewed (to be verified on site) Yes / No	
Attach current original Tax clearance certificate:	
Attach copy of company registration including shareholding information:	
Attach CVs and qualifications of director/s: (one or more directors to have qualifications relevant to the health and social development sector)	

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SECTION 2: Scope of Delivery – Primary Focus

No:	List the Qualification(s) /Unit Standard(s) for which the Provider has programme approval from the HWSETA ETQA.										
	Qualification ID and Title	NQF Level	Credits	Status of Qual		Unit Standard ID	NQF Level	Credits	Status of US		
				Current	Expired				Current	Expired	
1.											
2.											
3.											
4.											
Is a letter of the Learning Programme Approval report available? If yes, a copy of each must be submitted.								Yes		No	

SECTION 3: Extension of Scope to other ETQAs

Has the provider extended their scope to another ETQA?	Yes	No	If yes, please indicate with which SETA ETQA.								
				List the Qualification(s)/Unit Standard(s) for which the Provider has been approved by the other ETQA							
No:	List the Qualification(s) /Unit Standard(s) for which the Provider has programme approval from the secondary ETQA.										
	Qualification ID and Title	NQF Level	Credits	Status of Qualifications		Unit Standard ID	NQF Level	Credits	Status of US		
				Current	Expired				Current	Expired	
1.											
2.											
3.											
4.											
Is the Programme approval letter available? If yes, a copy of each must be submitted						Yes		No			

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SECTION 4 (a): Provider Enrolment History

Date of Enrolment and of Completion	Qualification ID and Title	Unit Standard ID	Number of Learners Enrolled	Number of Learners Dropped Out	Number of Learners Endorsed	Names of Facilitators	Names of Assessors	Names of Moderators

(Name of Company Executive)

Signature: _____

Date: _____

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