

## Provider Re-Accreditation Reporting Template

This report needs to be submitted prior to the expiry of accreditation.

This is compulsory and is a requirement in terms of the accreditation requirements.

Please complete and forward to Mmasello Makgalemele [mmakgalemele@sasset.org.za](mailto:mmakgalemele@sasset.org.za) / Annalene Bezuidenhout via fax (011) 315 1434 or post P.O. Box 7612, Halfway House, 1865

As per the following provided dates;



BIOGRAPHICAL INFORMATION	
Name of provider:	
Accreditation Number:	
Name of person completing report:	
Role in provider organisation:	
Contact Number:	
Email address:	
Date of submitting report:	

**REQUIRED DOCUMENTATION**

<p><b><u>Tax compliance</u></b> Please submit an up-to-date tax clearance certificate.</p>	Provide reason if documentation is not attached.	<p><b><u>Financial Sustainability</u></b> Please submit up-to-date audited financial statements / current balance sheet / current bank statements.</p>	Provide reason if documentation is not attached.
<p><b><u>Physical resources</u></b> Please submit up-to-date lease agreement / proof of ownership for the facilities utilized for the provision of training.</p>	Provide reason if documentation is not attached.	<p><b><u>CIPRO Registration Amendments</u></b> Please submit amended registration certification if applicable.</p>	Provide reason if documentation is not attached.
<p><b><u>BEE Status</u></b> Please submit BEE Status if applicable.</p>	Provide reason if documentation is not attached.	<p><b><u>NRCS and SAPS Certification</u></b> Please submit an up-to-date copy of the NRCS Certificate as well as SAPS certificate for shooting range if applicable.</p>	Provide reason if documentation is not attached.
<p><b><u>PSIRA Registration</u></b> Please submit proof of PSIRA registration if applicable.</p>	Provide reason if documentation is not attached.		

**ACCREDITATION CONDITIONS**

Indicate whether Full Accreditation or Provisional Accreditation status has been awarded by the SASSETA and include accreditation end date.		
If Full Accreditation has been awarded please indicate date of last Monitoring and Evaluation Visit / QALA Visit / Verification Visit.		
If Provisional Accreditation has been awarded by the SASSETA please list the conditions of your accreditation and the manner in which you are responding to these.	Condition of accreditation	Manner in which this is being addressed

**REGION AND PROGRAMME DELIVERY**

Provinces and areas in which you are operating and whether or not you operate in urban (U) or rural (R) areas per province. Please tick where relevant.	GP		WC		FS		LP		NC		EC		MP		KZN		NW	
	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R
Have there been any changes in the areas that you operate in since you were accredited?	YES									NO								
If yes, please discuss what changes.																		
Please indicate the legal standing of accreditation. (indicate whether there has been any change since you were accredited)	Terminated		Application		Suspended		Approved Non-NQF		De-Accredited		Provisional extension		Accredited by other ETQA					
	Please state reason for above selected status																	
Learning programmes offered. (please only list new programmes offered since you were accredited)																		

**ETD PRACTITIONERS**

<p>Please list the practitioners that have received ETD training in your organisation in the last quarter.</p> <p>Please submit evidence of staff Professional Development Plans.</p>	Name of Person	ID Number	Unit standards against which training has taken place (please list all the unit standards per person)	Has training for the unit standards been completed? Indicate Y or N	If training is completed, please indicate whether person was found competent or for each unit standard. Please indicate C for competent and NYC for not Yet Competent	Date learner results verified by the relevant ETQA per unit standard

**LEARNER TRACKING, LEARNER AND CLIENT FEEDBACK AND ACCESS THROUGH RPL**

Provider has developed and implemented a learner feedback system. Please submit proof of findings through aid of consolidated reports.	YES	NO
	Briefly outline what has been done:	
Provider has developed and implemented a client feedback system. Please submit proof of findings through aid of consolidated reports.	YES	NO
	Briefly outline what has been done:	
Providers have developed and implemented a learner tracking system. <ul style="list-style-type: none"> <li>• In terms of employed learners.</li> <li>• In terms of unemployed learners.</li> </ul>	YES	NO
	Briefly outline what has been done:	
Providers have put systems in place for allowing access to learning programmes through RPL. Please submit proof of implementation through aid of consolidated reports as well as a list of unsuccessful pre assessed RPL candidates.	YES	NO
	Briefly outline what has been done:	

**LEARNER SUPPORT AND LEARNER APPEALS**

Provider has developed and implemented a learner support system. Please submit proof of findings through aid of consolidated reports.	YES	NO
	Briefly outline what has been done:	
Provider has developed and implemented an appeals system. Please submit proof of findings through aid of consolidated reports as well as a list of appeal candidates if applicable.	YES	NO
	Briefly outline what has been done:	
Providers has developed and implemented a learner support system for candidates who are deemed Not Yet Competent. Please submit proof of findings through aid of consolidated reports.	YES	NO
	Briefly outline what has been done:	

**ASSESSMENT AND MODERATION**

Assessors and moderators are registered against the specific qualifications and unit standards that they are conducting assessments on.	YES	NO
	Briefly outline what has been done:	
Provider has the necessary MoU's with Assessors and Moderators if applicable and Assessors and Moderators are linked to the training provider.  MoU's with Assessors and Moderators to be submitted as evidence.	Name of Assessor and Moderator	SASSETA Registration Number
Moderation has taken place for training that has taken place.  Moderator reports to be submitted as evidence.	YES	NO
	Briefly outline what has been done:	

**OCCUPATIONAL HEALTH AND SAFETY**

Provider has appointed an Occupational Health and Safety Representative. Please submit proof of appointment letter	YES	NO
	Briefly outline what has been done:	
List the individuals who have undergone relevant Occupational Health and Safety Training including Unit Standards completed. Please submit Professional Development Plans.	Name	Unit Standards Completed
Provider has developed and implemented a contingency plan. Submit evidence of contingency plan.	YES	NO
	Briefly outline what has been done:	
Provider has ensured regular Occupational Health and Safety Committee Meetings where incidents are dealt with. Submit evidence of OHS Committee Meetings including solutions to areas of concern.	YES	NO
	Briefly outline what has been done:	

**DECLARATION**



The Provider Quarterly Report is submitted to the SASSETA on.	
Signature of the person compiling the report.	
Signature of the responsible person of the provider.	

**SASSETA OFFICIAL USE ONLY**

Comments.

Date. \_\_\_\_\_

Signature. \_\_\_\_\_