



EVALUATION TOOL

FOR

ASSESSMENT CENTRE ACCREDITATION

QCTO REGISTERED QUALIFICATIONS

PROVIDER ACCREDITATION APPLICATION FORM

| Curriculum code | Curriculum Title |
|-----------------|------------------|
| | |

PROVIDER INFORMATION

Provider name: _____

Address: _____

Responsible person details

Position: _____

Name: _____

Tel number: _____

e-mail: _____

Qualifications that accreditation is required for**ACCREDITATION STATUS**

| | YES | NO |
|---|------------|-----------|
| Are you currently registered as an examination centre by an Assessment Body or Department of Education or any other Body? | | |

If already registered please provide the following information:

Name of organization:

Examination Centre Number if applicable:

Examination cycles:

REGISTERED QUALIFICATION/S APPLYING FOR:

| | |
|----------------------------|--|
| QUALIFICATION TITLE | |
| NQF LEVEL | |
| CREDITS | |
| SAQA ID | |
| OFO CODE | |

ANNEXURE A: DECLARATION

I (full name and surname) _____

Identity Number _____, as the duly authorised representative of

the institution, hereby declare the following:

| CRITERIA | | YES | NO | COMMENT/S |
|--|---|-----|----|-----------|
| Legal compliance | Is certificate authentic and does it demonstrate the following? Type of business registered. | | | |
| | Registered name of company. | | | |
| | Registration date and number. | | | |
| | Tax clearance certificate indicating the following: Registration start date and expiry date is the tax clearance in good order? | | | |
| Governance, management and administration | Does the entity demonstrate authorised executive officers or senior managers | | | |
| | Organisational charts in place | | | |
| | Financial sustainability? | | | |
| Valid Occupational Health and Safety Certificate, if applicable | Does the entity meet the relevant standards of: Occupational health and safety? (provide proof) | | | |

| | | | | |
|---|--|--|--|--|
| | Does the entity have an OHS expert in its staff | | | |
| Appropriately qualified assessment staff | Certified copies of qualifications (Foreign qualifications submitted to be accompanied by SAQA evaluation document). | | | |
| | the required technical expertise to conduct the integrated external assessment | | | |
| | Check the evidence of policies and procedures for staff development opportunities. | | | |
| Required physical resources and equipment | Venues meet the requirements and expected standards e.g. floor plans | | | |
| | Machinery equipment, protective clothing as specified in the qualification or part qualification (Attach a list required and indicate the availability of the tools and equipment) | | | |
| | Does the entity have the guidelines and procedures for conducting assessments? | | | |
| Learner information- (informed and protected learners) | Appeal and grievance procedures. | | | |
| | Learner support and code of conduct. | | | |
| | Learner records of assessments conducted | | | |
| | Generates reports | | | |

| | | | | |
|--------------------------------------|--|--|--|--|
| | as required, such as learner retention rates, attainments, attendance and learner details/ratio. | | | |
| Management information system | Safe keeping of records and documentation | | | |
| | Contains detailed information on past and present learners. | | | |
| | Evidence of individual learner progression recorded. | | | |
| | Monitoring of feedback from stakeholders including learners and industries | | | |

If not yet accredited enclose the following:

- Annexure C: Proof of juristic status
- Annexure D: Tax clearance certificate
- Annexure E: Occupational Health and Safety Certificate

ASSESSMENT QUALITY PARTNER RECOMMENDATIONS:

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RESPONSIBLE PERSON'S DETAILS:

Name:.....

Signature:.....

Designation:.....

Date:.....

AQP'S REPRESENTATIVE DETAILS:

Name:.....

Signature:.....

Designation:.....

Date:.....