# *Accreditation*
## *Application form*



SAS**SET**A
SAFETY & SECURITY

**SASSETA SERVES THE FOLLOWING INDUSTRIES:**
Legal • Investigation and Private Security • Policing
• Correctional Services • Justice • National Intelligence Agency
• South African Secret Services • Department of Defence

**For further information please contact us on:**
• Call Centre – 0861 102 477 • www.sasseta.org.za

# Instructions on completing the application form

1.   All education and training providers seeking accreditation with the SASSETA must complete this application form.

2.   An Accreditation Manual has been compiled to assist you with the completion of this application and to provide you with other critical information on the accreditation process. It is essential that you review the manual before completing this application, and refer to it while you fill in the form.

3.   Please submit <u>all</u> the relevant documentation requested (see the last paragraph of each section) with the application form.

4.   Applications must be complete to enable the SETA to proceed with the accreditation process. To assist with this, if you have queries regarding the application, please refer to the accreditation manual, and if you need additional information or clarity on any aspect of the application form, contact the SASSETA.

5.   Please use a black pen and print clearly when completing the form.

6.   Please note if you are applying to become accredited as an assessment only institution you are not required to complete sections c or d.

# Background information

| IMPORTANT | |
|---|---|
| If the training provider is located in one physical location only: | ■ Complete sections 1, 2, and 3 |
| If the training provider is located in more than one physical location, i.e. has branches: | ■ Complete section 1 once<br>■ Complete sections 2 and 3 for *every physical location* |

| SECTION 1 — SINGLE ESTABLISHMENT/HEAD OFFICE DETAILS | |
|---|---|
| **REFERENCE NUMBERS** | |
| PAYE, SDL or UIF Number: | Provide any one of these references |
| SASSETA ETQA Reference Number: | Provide 12 digit **Accreditation Number,** or APR or PAA Number. |
| **1.1   Summary Details** | |
| Registered Name: | For CIPRO registered organisations, these details will be verified with CIPRO. Sole proprietors should provide personal details. |
| Trading Name: | Complete even if same as above |
| Type of Organisation: | Close Corporation, Section 21 Company, Trust, Sole Proprietor, etc. |
| SETA: | SETA to which organisation is registered. |
| SETA Chamber: | Where applicable. |
| Company Registration Number: | Provide CIPRO number or National ID in case of sole proprietor. |
| SARS Income Tax Number: | Either company or personal income tax number, **not** the VAT number. |
| SARS VAT Number: | Where applicable. |
| Business Commencement Date: | Either date of incorporation (CIPRO) or date on which business started trading (sole proprietor) |
| Physical Address: | Details will be verified with CIPRO and/or SARS. |
| Physical Address **Postal Code:** | |
| Postal Address: | |
| Postal Address **Postal Code:** | |

**NOTE:**   **Branch** is defined as a permanent training site with a fixed address. There is another responsible, dedicated person other than the responsible person of the main branch (head office/as applied for in the original accreditation). This branch is to be fully operational and has applied for their own accreditation with SASSETA (and SAPS if applicable).

The particulars of the branch need to be given to SASSETA by the accredited training provider (Main branch/Head office) and be site visited by SASSETA accordingly. The branch needs to comply with all the necessary processes and procedures as stipulated in the accreditation manual.

| 1.2     Official Contact Person | | |
|---|---|---|
| Initials: | | This should be the single official contact person for the SASSETA ETQA. |
| Surname: | | |
| Telephone Number: | (0      ) | At least the office phone and fax numbers must be given. |
| Fax Number: | (0      ) | |
| Cell Number: | (0      ) | |
| e-mail: | @ | Ensure that the e-mail address is legible and clear |

| 1.3   Chief Financial Officer/Accounting Officer | | |
|---|---|---|
| Initials: | | Must be reflected on an official letterhead, which must be attached to this form. |
| Surname: | | |
| Position/Capacity: | | |
| Telephone Number: | (0         ) | |
| Fax Number: | (0         ) | |
| Cell Number: | (0         ) | |
| Postal Address: | | |
| | | |
| | | |
| Postal Address **Postal Code:** | | |

| Staff Numbers | Total number of full-time staff | | Number of staff who are ETD Practitioners | |
|---|---|---|---|---|
| | Total number of part-time ETD staff | | Total number of ETD staff regularly con-tracted | |

| Province/s in which provider **operates** (Note: a provider may be **based** in one province but **operating** in other provinces) | GP | WC | EC | KZN | LP | NW | MP | FS | NC |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| Areas in which provider **operates** (Note: a provider may be **based** in an urban or rural area but **operating** in rural areas or both urban and rural areas) | Urban Areas only | Rural Areas Only | Both Urban and Rural Areas |
|---|---|---|---|
| | | | |

| Application to become accredited as an assessment only provider or a delivery and assessment provider *(please tick the relevant box)* | Assessment only | Delivery and assessment |
|---|---|---|
| Do you hereby declare that the provider organisation is not accredited by any other ETQA? | Yes | No |
| Signature | | |
| Name of signatory | | |
| Position in organisation | | |
| Date | | |

| Head Office SASSETA ETQA Reference Number: | | | | | | | | | | | | | | Provide **Accreditation Number**, or APR or PAA Number. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## PLEASE COMPLETE THIS PAGE FOR A SINGLE ESTABLISHMENT/EVERY BRANCH*

### SECTION 2 — DETAILS OF PREMISES *(Complete even if same as details in Section 1)*
*This is public information and will be published on the SASSETA Web Site*

**2.1  Reference Numbers:**

| SASSETA ETQA Reference Number: | | | | | | | | | | | | | | Provide **Accreditation Number**, or APR or PAA Number if different from the Head Office number. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**2.2  Branch Details**

| Trading Name: | | Provide the name under which business is conducted. If more than one branch trade under the same name, a distinguishing characteristic of the branch (i.e. suburb, town, city or province) must be specified after the trade name. |
|---|---|---|
| SDL, UIF, or PAYE Number: | | Provide if this number differs from that of the Head Office. |
| Is the Head Office at these premises? | | **Yes** or **No** |
| Primary ETQA: | SASSETA ETQA    Other: | Please specify the ETQA with which this establishment/branch is accredited. If **Other** please attach documentary proof. |
| SAQA Code: | | If the establishment/branch is accredited by an ETQA other than SASSETA ETQA, please specify the code allocated by that ETQA. |
| Accreditation Date: | C  C  Y  Y  M  M  D  D | Please specify the date of accreditation by the accrediting ETQA. |
| Accreditation Expiry Date: | C  C  Y  Y  M  M  D  D | Please specify the expiry date of accreditation. |
| Accreditation Type: | ☐ Delivery Only    ☐ Delivery & Assessment    ☐ Assessment Only | Please indicate which functions the branch is accredited for. |
| Telephone Number: | (0    ) | |
| Fax Number: | (0    ) | |
| Cell Number: | (0    ) | |
| e-mail: | @ | |
| Contact Person: | | These details must be different from the Head Office unless the establishment/branch is physically at the same place as the Head Office. |
| Physical Address: | | |
| Physical Address **Postal Code:** | | |
| Postal Address: | | |
| Physical Address **Postal Code:** | | |
| Province | ☐ Gauteng    ☐ Western Cape    ☐ Mpumalanga ☐ Eastern Cape    ☐ Limpopo    ☐ Northern Cape ☐ Free State    ☐ North West    ☐ KwaZulu-Natal | Indicate the province where the branch is located. |

### SECTION 3 — ASSESSORS AND MODERATORS *(provide details of all assessors and moderators used by THIS ESTABLISHMENT/BRANCH)*

| National ID Number | SASSETA Registration Number | *A/M | Name and Surname |
|---|---|---|---|
| | | | |
| | | | |
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*Please indicate only one per line: A — Assessor or M — Moderator. Both Assessor/s and Moderator/s must be specified. Assessors/Moderators that are not on this list will not be allowed to assess/moderate for the training provider. If the details are incorrect, they will not be recorded. Assessors and Moderators will only be allowed to assess/moderate the unit standard/s for which they are registered and the training provider is accredited.

### DECLARATION BY APPLICANT *(Must be completed)*

I, ..................................................................................(full names), declare, to the best of my knowledge, that all the information provided is complete and correct. Signed at ............................................... on this, the............... day of .............................................................20..........

......................................................................................
Applicant

# SECTION A: Financial administration and physical resources

| (1) | Please indicate what type of legal entity your organisation is: | | | | |
|---|---|---|---|---|---|
| | Sole proprietor | | Private company | | |
| | Partnership | | Public company | | |
| | Trust | | Statutory body | | |
| | Section 21 company (not-for-gain) | | Other (Please specify below) | | |

| (3) | Please indicate whether you are complying with the Employment Equity Act (where relevant) |
|---|---|
| | Yes | No |

| (4) | Does your organisation own (or have access to) the necessary resources and facilities required for education and training |
|---|---|
| | Yes | No |

> ## PLEASE ATTACH COPIES OF THE FOLLOWING (WHERE APPLICABLE) AND SUBMIT WITH YOUR APPLICATION FORM
>
> - Company registration form
> - Income tax number, tax clearance certificate or tax exemption certificate
> - Audited financial statements or letter from accounting firm indicating that the organisation is solvent and complies with generally accepted accounting practices
> - Proof of payment of skills development levy, or exemption
> - List of facilities and resources required for provision
> - Evidence (e.g. agreement with other organisation) that provider has access to these facilities and resources

# SECTION B: Quality management systems

| (1) | Do you have a monitoring and evaluation methodology for revising course/learning programmes and related material? Please tick which of the following apply | | | | |
|---|---|---|---|---|---|
| | There is a formal, regular evaluation and review process in place | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Evaluation and review is done in the light of feedback from assessors/moderators | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Evaluation and review is done in the light of feedback from learners | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Evaluation and review is done in the light of feedback from clients | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

| (2) | Do you have a monitoring and evaluation methodology for updating or adjusting programmes when new unit standards are registered? | |
|---|---|---|
| | Yes | No |

## SECTION C: Learning programme provision

| (1) | Number of learning programmes<br>Please indicate the total number of learning programmes that you wish to be accredited for by the SASSETA | Total number: |
|---|---|---|

| (2) | Learning programmes in relation to the principles of the NQF<br>Please indicate which of the following apply for all, most, some or none of your learning programmes by ticking the appropriate boxes below: | | | | |
|---|---|---|---|---|---|
| | There are unit standards registered on the NQF for learning programmes that we deliver | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | The learning programmes are based on these unit standards | Yes | No | Some | Unsure |
| | The learning programmes are stated in a programme outline which has a delivery plan | Yes | No | In Progress | Unsure |
| | Learning goals are expressed as outcomes | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

| (3) | List the Unit Standards (u/s) applying for? | |
|---|---|---|
| | Description | Unit Standard |
| | | |
| | | |
| | | |
| | | |

| (4) | Do your learning programmes include the appropriate theoretical and practical components?<br>Please indicate the following: | | | | |
|---|---|---|---|---|---|
| | Please write in the percentages for each of the following (indicate an estimate across your different learning programmes) | % of theory component | | % of practical component | |
| | Please write in the percentages for each of the following (indicate an estimate across your different learning programmes) | % "classroom-based" learning (i.e. learning that is conducted off-the-job) | | % workplace-based learning (i.e. learning that is conducted on-the-job) | |
| | We only provide the "off-the-job" component of the programme | All Programmes | Most Programmes | Some Programmes | No Programmes |
| | We only provide the "on-the-job" component of the programme | All Programmes | Most Programmes | Some Programmes | No Programmes |
| | We provide both "on-the-job" and "off-the-job" components | All Programmes | Most Programmes | Some Programmes | No Programmes |

| | If "off-the-job" components or "on-the-job" components offered by another provider, please specify which of the following are relevant: | The integration of the components is effectively managed and co-ordinated by us in collaboration with another provider | The integration of the components is managed and co-ordinated by another provider in collaboration with us | Each component is managed separately by the different providers involved but there is no overall co-ordination and collaboration |
|---|---|---|---|---|

| **(5)** | **Delivery of programmes**<br>Please indicate the following: | | | |
|---|---|---|---|---|
| | Appropriate learning materials are available for learning programmes | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Learning programmes are structured to permit multiple entry and multiple exit | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

| **(6)** | **Do you have a policy in place that permits the repetition of learning programmes for a limited number of times at no additional cost?**<br>Please indicate the following: |
|---|---|
| Yes | No |

| **(7)** | Do you offer RPL as an access route to your programmes? |
|---|---|
| Yes | No |

| **PLEASE ATTACH COPIES OF THE FOLLOWING (WHERE APPLICABLE) AND SUBMIT WITH YOUR APPLICATION FORM** |
|---|
| • List of titles of learning programmes with indications of which unit standards and qualifications they lead to (where these exist)<br>• Please indicate which of these you offer RPL as an access route to<br>• Learning programme outlines |

# SECTION D: Learner entry, guidance and development

| **(1)** | Learners from different backgrounds (e.g. educational, social, economic, cultural, gender and people with disabilities etc) with either formal qualifications or their equivalents have access to learning programmes | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
|---|---|---|---|---|---|
| | We are able to perform RPL assessments for learner entry into learning programmes | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Learners have access to a contact person who is able to provide them with relevant advice and information related to learning | All Programmes | Most Programmes | Some Programmes | No Programmes |
| | Career guidance and support systems are in place | Yes | | No | |

| Basic learner biographical information is stored (e.g. first language, highest formal qualification achieved, etc). | Yes | No |
|---|---|---|

| PLEASE ATTACH COPIES OF THE FOLLOWING (WHERE APPLICABLE) AND SUBMIT WITH YOUR APPLICATION FORM |
|---|
| • Names and details of contact person/people responsible for learner support<br>• List of support services offered to learners |

# SECTION E: Management of assessment

| (1) | **Relation to Qualification and Unit Standards Assessment requirements**<br>Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | Relevant unit standards and qualifications are registered on the NQF, and assessment is in line with these requirements | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Relevant unit standards and qualifications are not registered on the NQF and the assessment is specified in learning outcomes for a learning programme | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

| (2) | **Assessment Processes and Instruments**<br>Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | Assessment addresses both theoretical and workplace or practical components | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | The assessment cycle includes both formative and summative assessment opportunities | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Assessment methods and instruments/tools are clearly defined | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | A wide range of assessment methods and techniques are used | | | | |
| | Which of the following forms of assessment are used most frequently as the main source of information for formative assessment (e.g. feedback for diagnostic purposes) during a learning programme? You may tick more than one box | Practical (e.g. demonstration) | Written exams/tests | Projects (e.g. research and surveys) | Portfolio | Oral |

| (3) | **Assessment implementation and resulting**<br>Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | Learners are informed on how they will be assessed in a clear and unambiguous way | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Procedures for ensuring security of "unseen" assessment tools (e.g. examinations) are in place | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Assessments are systematic and consistent and assessors work to common and explicit instructions for allocating results/judgements | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Procedures for addressing learner appeals are in place | Yes | | No | |

| (4) | **Moderation Procedures**<br>Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | The design of the assessment instrument and its grading system is checked by at least one other person with the appropriate expertise. Feedback is incorporated by the assessor, and suggested changes are carried out | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | The resulting process is moderated on a regular basis by at least one other person (e.g. observation and comparison of judgements during performance assessment; sample moderation of large scale marking) | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | Moderators produce regular moderation reports, noting problem areas and commenting on the consistency of assessment standards | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

| (5) | **Record Keeping and Reporting Systems**<br>Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | There are data capture systems (electronic or paper) for recording tracking assessment information for individual learners and these are kept in a manner that ensures the confidentiality of learner | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | There are data capture systems (electronic or paper) for submitting learner results for NQF credits | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |

# SECTION F: Staff selection, appraisal and development

| (1) | **Practitioners are qualified or can demonstrate an equivalent level of competence at, or above, the level of the qualifications they deliver to learners (subject or field expertise)** Please tick which of the following apply: | | | | |
|---|---|---|---|---|---|
| | You are able to deploy ETDPs with the relevant subject or field expertise in relation to: | All Learning Programmes | Most Learning Programmes | Some Learning Programmes | None |
| | In total, the numbers of ETDP requiring RPL and/or additional training in their subject/field of expertise are: | Total Number: | | | |

| (2) | **Please indicate which of the following apply in relation to staff and staffing policies** | | |
|---|---|---|---|
| | A professional development plan exists for each employee in the organisation | Yes | No |
| | All recruitment, written materials, media materials and human interaction are free of discrimination | Yes | No |
| | There are staffing policies in place for recruitment, selection, appointment, promotion and termination | Yes | No |

# SECTION G: Marketing

| (1) | **Do you have a marketing or communication plan in place?** | Yes | No |
|---|---|---|---|
| | If yes, please indicate which of the following apply: | | |
| | The plan is accessible and available to prospective learners | Yes | No |
| | The plan is accessible and available to prospective employers | Yes | No |
| | The plan includes all the necessary information that employers/learners need to have | Yes | No |

# SECTION H: Occupational health and safety

| (1) | Are the facilities and equipment that you use in the delivery of learning programmes in line with occupational health and safety requirements? | Yes | No |
|---|---|---|---|
| | Are learners provided with the necessary instructions on health and safety procedures? | Yes | No |

**PLEASE ATTACH COPIES OF THE FOLLOWING (WHERE APPLICABLE)
AND SUBMIT WITH YOUR APPLICATION FORM**

- Letter from the provider indicating that you are familiar with Occupational Health and Safety legislation and that you take responsibility for adherence to health and safety issues.