



PROVIDER QUARTERLY REPORTING TEMPLATE

Providers will be required to provide the SASSETA with quarterly reports complying with specified guidelines. These reports would include but not be limited to:

- (a) Progress reports on developmental plans,
- (b) Assessment activities of the provider,
- (c) Two internal audit reports of the learning system,
- (d) Reports of information on learner records and Quality Management Systems,
- (e) Reports on Quality Management Systems

Please complete and forward to Mmasello Makgalemele / Annalene Bezuidenhout via fax (011) 205 0046 or post P.O. Box 7612, Halfway House, 1865 As per the dates provided in the initial accreditation report;

BIOGRAPHICAL INFORMATION				
Name of provider				
Accreditation Number				
Provisional or Full Accreditation				
Accreditation end date				
Date of last SASSETA visit				
Date of submission of report				
HAVE THERE BEEN ANY CHANGES IN THE FOLLOWING SINCE DATE OF ACCREDITATION				
PSIRA registration (if applicable)	Yes		No	
CIPRO Registration				
NRCS and SAPS Certification (If necessary)				
Linked Assessors and Moderators				
Change of address				
Change of legal/ Trade name				

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FOR ANY CHANGES RECORDED ABOVE, PLEASE INDICATE DETAILS BELOW	
NUMBER OF LEARNERS TRAINED SINCE COMMENCEMENT OF ACCREDITATION	
TYPE	NUMBER
Competent Learners	
Not Yet Competent Learners	
RPL Assessments Completed	
Re-Assessments Completed	
Learner Appeals	
TRAINING CONDUCTED DURING PAST QUARTER	
TYPE	NUMBER
Competent Learners	
Not Yet Competent Learners	
RPL Assessments Completed	
Re-Assessments Completed	
Learner Appeals	
<u>PROOF OF TRAINING TO BE ATTACHED;</u> <u>NAME LIST OF LEARNERS ENROLLED ON TRAINING FOR SPECIFIED QUARTER,</u> <u>ATTENDANCE REGISTERS FOR SPECIFIED QUARTER</u>	
DECLARATION	
Date	
Signature	
I declare that the information supplied within the quarterly report is a true reflection of activities conducted during the current quarter.	

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**SAFETY & SECURITY
SECTOR EDUCATION AND TRAINING AUTHORITY**

FOR OFFICE USE ONLY

Comments:

Recommendations:

Date:

Signature:

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