



PROVIDER ACCREDITATION APPLICATION FORM

STEP ONE

VERSION 1.0

SEPTEMBER 2007

FOR HWSETA OFFICE USE ONLY

<i>Provider Name</i>								
<i>Accreditation Reference Number</i>								
<i>Received by</i>								
<i>Date Received</i>								
<i>Evaluated by</i>								
<i>Date Evaluated</i>								
<i>Comments</i>								

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APPLICATION GUIDELINES

Section One Provider Details

This section requires you to provide general information about your organisation together with the physical resources where all operational activities of your organisation will take place. As a prospective training provider, you are also required to provide **evidence of the physical resources**, which you use or would use to conduct your daily business administration and learning delivery services.

Section Two Human Resources

This section requires your organisation to present to the HWSETA the positions and the number of employees (existing or envisaged) in your organisation. It also requires a clear picture of the finances of your organisation (existing or projected) which should accompany the **“Business Plan”** of your organisation.

Section Three HWSETA Qualifications

This section provides your organisation with the list of qualifications that fall within the ambits of the HWSETA as an Education and Training Quality Assurance Body (ETQA). Electronic copies of these qualifications and their relevant unit standards are available from the following websites: www.hwseta.org.za or www.saga.org.za

Section Four Learning Delivery Services

This section is divided into **three sub-sections**, which deal with learning programme alignment to a **part qualification (unit standard based)**, **full qualification (unit standard based)** or **whole qualification**. The first two qualifications are both unit standard based as opposed to the latter, which is non-unit standard based.

Sub-section 4.1 deals with the learning programme alignment to a **part qualification**, which is unit standard based. This means that the learning programme would be aligned to the unit standards that do not make up a qualification as per the rules of combination for a qualification, which is registered on the National Qualification Framework (**NQF**).

Sub-section 4.2 deals with the learning programme alignment to a **full qualification** which is **unit standard based**. This means that the learning programme would be aligned to unit standards that make up a qualification as per the rules of combination for a qualification, which is registered on the **NQF** and the minimum credit, will be 120 credits.

Sub-section 4.3 deals with learning programme alignment to a **full qualification** which is **non-unit standard based**. This means that the learning programme would be aligned to the exit level outcomes that make up this **NQF** registered qualification.

As an explanation to the aforementioned **full qualifications**, which are **unit standard based** and **non-unit standard based**, please note that SAQA has registered two types of **full qualifications**, and they are “**Unit Standard Based Qualification**” and “**Whole Qualification**”. A Unit Standard Based Qualification is governed by the rules of combination, which are in two ways, and they are “*qualification components*” and “*unit standard grouping*”. The latter happens within each “*qualification components*” of a unit standard based qualification. There are three qualification components in a Unit Standard Based Qualifications and they are *core, elective and fundamental*. Each qualification component of a Unit Standard Based Qualification comprise of a number of specific unit standards and minimum credits.

On the other hand, the “**Whole Qualification**” does not have the rules of combination, which are similar to those of the “**Unit Standard Based Qualification**”. This type of a qualification is governed by the “**Exit Level Outcomes**” which determine the skills, knowledge, attitude and values that a competent learner would have acquired on completion of a learning programme aligned to it.

Section Five Important Notification

This section provides you with the clarity on the type of the *“Provider Accreditation Application Form: Step One”* that would **be accepted** or **not be accepted** by the HWSETA together with the timeframe for the evaluation of the acceptable *“Provider Accreditation Application Form: Step One”* and giving feedback. It also provides a directive on how should the *“Provider Accreditation Application Form: Step One”* be submitted to the HWSETA by the prospective training providers.

Section Six Declaration

This section requires your organisation to confirm its commitment to the accreditation process. To this end, the duly authorised person must provide the HWSETA with their details and append their signature in the space provided.

SECTION ONE PROVIDER DETAILS

Please provide the general information and contact details about your organisation, which include legislative requirements together with the number of years of its existence. You are also required to provide details of physical resources that you own or intend to lease for the purposes of operational requirements of your organisation

Registration Organisation	Name of												
Proof of Company Registration	Attach Annexure A (Tick if attached)	Tax Certificate	Clearance	Attach Annexure B (Tick if attached)									
Physical Address													
Postal address													
Telephone Number(s)	Code				No								
	Code				No								
Fax Number(s)	Code				No								
	Code				No								
Email address													
Contact Person	Title		Names										
Position in the Organisation													
Telephone Number(s)	Code				No								
	Code				No								
Mobile Number													
Fax Number(s)	Code				No								
	Code				No								
E-mail Address													
Nature of Organisation	Emerging							Established					
Years of Existence	0-1		2-4		5-9		10 and more						
Please tick in the appropriate box													
Type of Business Premises	Owned	Leased				Shared							
Type of Training Premises	Owned	Leased				Shared							
Business Premises are located in the:	Residential Area				Business/ Industrial Area								
Other Type of Business and/ or Training Premises (Please specify)											Attach Annexure C (Tick if attached)		
If the Business and/or Training Premises are owned, please provide a certified copy of Proof of Ownership.	“Annexure C” attached				Tick this box when attached								
If the Business and/or Training Premises are leased or shared, please provide a certified copy of the appropriate Agreement	“Annexure C” attached				Tick this box when attached								

SECTION TWO HUMAN RESOURCES AND CAPACITY

Please complete the table below regarding the staff complement of your organisation. This could include **existing and/ or envisaged** staff members for your organisation. The information that would be provided in this table should be accompanied by an organogram and a detailed business plan with financials (**projected or existing**) of your organisation

PORTFOLIO	NUMBER OF POSITIONS	BRIEF DESCRIPTION OF FUCNTIONS	
Management			
Facilitator(s)			
Assessor(s)			
Moderator(s)			
Administrative Staff			
Organogram		“Annexure D” attached	Tick this box when attached
Business Plan with the Projected Finances		“Annexure E” attached	Tick this box when attached

SECTION THREE HWSETA QUALIFICATIONS

Below is the list of all the qualifications that fall within the ambits of the HWSETA in its capacity as an ETQA. Kindly use the qualification(s) below to align your learning programme(s) in order for your organisation to be considered for accreditation. Please note that the list of the unit standards that make-up the qualifications hereunder is available from the copies of these qualifications. Using the SAQA ID numbers, you can download these qualifications and their relevant unit standards from the SAQA website, which is www.saqa.org.za. You may also download them from the HWSETA website, which is www.hwseta.org.za.

SAQA ID	QUALIFICATION TITLE	NQF LEVEL	CREDITS
49606	GETC: Ancillary Health Care	1	134
73250	GETC: Adult Basic Education and Training: Ancillary Health Care	1	120
64149	NC: Occupational Safety, Hygiene & Environment	2	135
74289	NC: Occupational Health and Environment: Health	2	120
74290	NC: Occupational Health Safety and Environment:	2	120
49279	NC: Victim Empowerment and Support	2	120
64749	NC: Community Health Work	2	154
48891	NC: Theology and Ministry	2	120
50062	NC: Occupational Hygiene & Safety	3	144
64769	NC: Community Health Work	3	140
49688	NC: Victim Empowerment	3	127
50063	FETC: Occupational Hygiene & Safety	4	145
74410	FETC: Public Awareness Promotion of Dread Disease and HIV/AIDS	4	166
60209	FETC: Child & Youth Care Work	4	165
49256	FETC: Counselling	4	140
64697	FETC: Community Health Work	4	156
23993	FETC: Social Auxiliary Work	4	180
49872	FETC: Victim Empowerment Co-ordination	4	146
48960	FETC: Social Security Administration	4	140
49836	FETC: Gender Practice	4	152
50041	FETC: Probation Work	4	142
49057	FETC: Theology and Ministry	4	120
66389	NHC: Diagnostic and Procedural Coding	5	120
58786	ND: Occupational Safety	5	242

SECTION FOUR LEARNING DELIVERY SERVICES

Below are three sub-sections (4.1, 4.2, and 4.3) that relate to the alignment of the learning programme(s) to the National Qualifications Framework (NQF) registered qualification(s) and/ or unit standard(s). Please complete the relevant section(s) to your organisation and take note that this is largely dependent upon what your organisation wants to offer as an accredited training provider with the WHSETA.

4.1 PART QUALIFICATION: UNIT STANDARD BASED LEARNING PROGRAMME(S)

Please complete the table below if your organisation would be offering a learning programme aligned to a unit standard based part qualification.

No	PROGRAMME NAME	UNIT STANDARD TITLE	US SAQA ID NUMBER	NQF LEVEL	CREDITS	REGISTRATION START DATE	REGISTRATION END DATE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

ELECTIVE COMPONENT			
UNIT STANDARD TITLE	UNIT STANDARD SAQA ID NUMBER	NQF LEVEL	CREDITS
TOTAL CREDITS			

SECTION FIVE

IMPORTANT NOTIFICATION

The HWSETA would like you to take note of the following with regards to the submission of your *“Provider Accreditation Application Form: Step One”*:

- ◆ All the applicable *“Sections”* of this *“Provider Accreditation Application Form: Step One”* should be completed in full. Clearly label and attach the applicable **“Annexures”**.
- ◆ HWSETA **shall not accept** any *“Provider Accreditation Application Form: Step One”* which is **incomplete**, which is not accompanied by the **relevant annexure(s) attached**.
- ◆ HWSETA **shall not accept** any *“Provider Accreditation Application Form: Step One”* which is **send by faxed**.
- ◆ Feedback on the submitted *“Provider Accreditation Application Form: Step One”*, shall be made available **within ten working days** from the date of receipt of the application.

Submit or send your *“Provider Accreditation Application Form: Step One”* to the HWSETA ETQA Division for the attention of **Mr. Khayaletu Goloda** as follows:

**Physical Address: 17 Bradford Road
Bedfordview
Johannesburg**

**Postal Address: Private Bag X 15
Gardenview
2047**

SECTION SIX DECLARATION

I _____ (**Provider Representative**) as a duly authorised person to represent _____ (**Name of Organisation**) in my capacity as the _____ (**Position in the organisation**) hereby declare that all information provided in this “*Provider Accreditation Application Form: Step One*” is correct and accurate. I further declare the acceptance of the aforementioned “*Important Notification*” and that all the required evidence for accreditation of _____ (**Organisation Name**) would be made available when required by an authorised HWSETA Representative if my application meets the minimum requirements for further consideration.

Signature

_____/_____/_____
Date