

SKILLS DEVELOPMENT PROVIDER ACCREDITATION APPLICATION FORM

1. Occupational qualification for which this specific SDP accreditation application relates

Qualification information	Qualification Title	NQF Level	Credits	SAQA ID

2. Curriculum information for the above-mention qualification

Curriculum Code	Curriculum Title

Note: Curriculum information details is obtainable from QCTO website: www.qcto.org.za Click: [Occupational Qualification Development; Registered Qualifications](#)

3. SDP Applicant information

Person/ organisation/Institution details:

Provider name: _____

Physical Address: _____

Postal Address: _____

Tel number: _____

e-mail: _____

Contact person details:

Name: _____

Position/Designation: _____

Tel number: _____

Cell phone number: _____

e-mail: _____

4. Institutional Compliance Information

Is the organisation currently accredited by a Quality Council for training? Yes No

If already accredited please provide the following information:

Select name of organisation that provided the accreditation:

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Accreditation number: _____

End date of accreditation: _____

In the case where accreditation is from other accrediting body , specify the name:

If your answer is NO above, provide documentary evidence stated below:

- Annexure: A** Proof of juristic status/registration (Company Registration Certificate)
- Annexure: B** Valid Tax clearance certificate
- Annexure: C** Financial sustainability information (C1 Business plan; C2 Financial surety; C3 Audited Financial Statement, if applicable)
- Annexure: D** Valid Occupational Health and Safety Certificate, if applicable
- Annexure: E** Facilitator/s Details - Comprehensive CV and certified copies of ID and qualifications
- Annexure: F** Learner Matters (F1 Learner appeals policy; F2 Learner Code of conduct)

5. Programme Delivery Readiness Information:

NB: All SDP Applicant must complete the following information to obtain programme accreditation.

Note: Curriculum information details is obtainable from QCTO website: www.qcto.org.za Click: [Occupational Qualification Development](#); [Registered Qualifications](#)

Knowledge Modules

Curriculum module number	Curriculum module title	Summary evidence to prove that the Applicant SDP meets the requirements specified in the provider programme accreditation criteria for the modules (directly/indirectly) (The requirements should reflect the physical, human resources i.e. Facilitator/s Details - Comprehensive CV, certified copies of ID and qualifications, and any legal aspects that may apply that the provider should have in order to conduct the training and internal assessments)

Practical Skills Modules

Curriculum module number	Curriculum module title	Summary evidence to prove that the Applicant SDP meets the requirements specified in the provider programme accreditation criteria for the modules (directly/indirectly) (The requirements should reflect the physical, human resources i.e Facilitator/s Details - Comprehensive CV, certified copies of ID and qualifications, and any legal aspects that may apply that the provider should have in order to conduct the training and internal assessments)

I, _____ (Full Names and Surname), ID Number _____, declares that the information provided is true and correct.

SIGNATURE

DATE

Note

Send your completed application form and portfolio to the following address:

The Chief Director
Occupational Qualification Management
Attention: M.P Segosapelo
Private Bag x 278
Pretoria
0001

Or

Deliver your completed application at QCTO Office: 256 Glyn Street, Hatfield, Pretoria, 0083