



Health and Welfare Sector  
Education and Training Authority

**HWSETA**

## VERIFICATION APPLICATION

(To be completed by the training provider)

### SECTION A: PROVIDER DETAILS

#### 1. Provider Name and Address

Provider name			
Physical Address			
GPs Coordinates		Postal	

#### 2. Contact Details

Contact Person			
Tel		Fax	Cell
e-mail			

#### 3. Accreditation Details

Accrediting ETQA			
Accreditation			
Programme	YES	NO	Ref No

### SECTION B: VERIFICATION BOOKING

For Office Use Only	
Date Received	Received by
Actions	
NB: Incomplete applications and submissions out side the Verification Request Period will not be considered.	

Document Name: Pre-Verification Report	Division: ETQA
Date Approved: 29 July 2014	Recommended By: ETQA Executive Manager Signature:
Date Revised:	Version: No 3.0 Approved By: CEO Signature:
Period of Validity: 1 Year	Location : ETQA

Pre- verification report

## SECTION C: LEARNER DETAILS

### 1. Learner Details – Unit Standards

Unit Standard Details			
Total Registered Learners		Number of “Drop outs”	
Total Assessed Learners		Number of “Re-Assessed”	
<i>Competent</i> ” Learners”		<i>“Not Yet Competent”</i> Learners	

### 2. Learner Details – Qualifications

Qualification Details			
Total Registered Learners		Number of “Drop outs”	
Total Assessed Learners		Number of “Re-Assessed”	
<i>Competent</i> ” Learners”		<i>“Not Yet Competent”</i> Learners	

### 3. Learner Uploads

Enrollment date			
Achievement date			
Linked to Assessor			
Linked to Moderator			

## SECTION D: ASSESSOR AND MODERATOR DETAILS

### 1. Assessor Details

	Assessor Name	Registration No (HWSETA)
1		
2		
3		
4		
5		

### 2. Moderator Details

	Moderator Name	Registration No (HWSETA)
1		
2		
3		
4		

## SECTION E: LEARNING PROGRAMME ASSESSMENT AND MODERATION DETAILS

### 1. Unit Standard Based Training

No	SAQA US ID	Assessments			Moderations			Number of Learners
		Completed (Date)	Incomplete	Expected Completion Date	Completed (Date)	Incomplete	Expected completion Date	
1								
2								
3								
4								
5								
6								
7								
8								
9								

### 2. Full Qualification Based Training

No	SAQA Qual ID	Assessments			Moderations			Number of Learners
		Completed (Date)	Incomplete	Expected Completion Date	Completed (Date)	Incomplete	Expected completion Date	
1								
2								
3								
4								
5								

### 3. Period of Training (Qualification based training)

No	SAQA Qual ID	Name of practical site	Enrolled date	Date of Commencement	Date of Completion
1					
2					
3					

## SECTION F: NOTES

1. If a provider requests a verification visit, but wishes to cancel the visit, the following procedure will be adhered to:
  - 💡 The provider will have to notify the HWSETA in writing **07 business days prior** to the scheduled verification visit; and
  - 💡 Providers who do not comply with the notification will be liable for costs incurred by the HWSETA for an unreported or last minute cancelled verification visit.
  
2. Providers will be liable to reimburse the HWSETA for all costs incurred should any of the following occur:
  - 💡 The verifiers arrive at your premises and you are not available;
  - 💡 The assessors and moderators listed in this Pre-Verification Report differs from that the actual assessors and moderator; and
  - 💡 Last minute cancellations.
  
3. **Please attach to this report an accurate road map and/or directions to your offices**  
Ensure that there is secure parking available for verifiers.
  
4. **Interviewing of Learners**  
As of 01 July 2009 the HWSETA management had decided to interview learners during the verification visit. Therefore the training provider must ensure that the learners whose results are being verified are present on the day of verification.
  - 💡 **If you have a class of 10 or fewer learners, please ensure that all learners are present.**
  - 💡 **If you have more than 10 learners, please ensure that 10% or a minimum of 10 learners are present.**
  - 💡 **If learners are not available kindly make alternate arrangements (eg. have learner telephone numbers available and forward a letter of explanation of the unavailability of the learners).**
  
5. **The Pre-Verification report must be signed scanned and emailed to the HWSETA.**
6. **Ensure that your assessor/s and moderator/s are present for the verification visit.**
7. **Attach the learner matrix to this pre-verification form on submission.**
8. **Attach the Assessor's report**
9. **Attach the Moderator's report**

## 10.Attached documentation

Use the attached documentation in preparation for the visit.

### SECTION G: CHECKLIST FOR ATTACHED DOCUMENTS

Item no.	Document Type	Tick
1.	Map/Directions	
2.	Learner Matrix (HWSETA Template)	
3.	Assessor's Report	
4.	Moderator's Report	

### SECTION H: DECLARATION

I, \_\_\_\_\_ (Full Name)

the undersigned representative of,

\_\_\_\_\_ (Institution name)

declare and acknowledge the information given in this **Pre-verification/monitoring Report** is true and accurate. I further declare that all the learners to be verified has been uploaded onto the HWSETA database management system.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

\_\_\_\_\_  
**Signature**

For additional information or clarification with regards to verification you may contact:

- 1. Gauteng/North West**  
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- 3. Western Cape/Northern Cape**  
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