



EVALUATION TOOL

FOR

ASSESSMENT CENTRE RECOMMENDATION FOR ACCREDITATION

QCTO REGISTERED QUALIFICATIONS

PROVIDER ACCREDITATION APPLICATION FORM

Curriculum code	Curriculum Title

PROVIDER INFORMATION

Provider Name	
Address	
Date	

RESPONSIBLE PERSON DETAILS

Position	
Name	
Telephone	
Email	

Qualifications that accreditation is required for _____

ACCREDITATION STATUS

	YES	NO
Are you currently registered as an examination centre by an		
Assessment Body or Department of Education or any other Body?		

If already registered please provide the following information:

Name of organization:

Examination Centre Number if applicable:

Examination cycles:

REGISTERED QUALIFICATION/S APPLYING FOR:

Qualification Title	
NQF level	
Credits	
Saqa ID	
Ofo code	

ANNEXURE A: DECLARATION

I (full name and surname) _____

Identity Number _____ as the duly authorised representative of

The institution, hereby declare the following:

CRITERIA		YES	NO	COMMENT/S
Legal compliance	Is certificate authentic and does it demonstrate the following? Type of business registered.			N/A
	Registered name of company.			N/A
	Registration date and number.			N/A
	Tax clearance certificate indicating the following: Registration start date and expiry date is the tax clearance in good order?			N/A
Governance, management and administration	Does the entity demonstrate authorised executive officers or senior managers	√		
	Organisational charts in place	√		
	Financial sustainability?	√		

Valid Occupational Health and Safety Certificate, if applicable	Does the entity meet the relevant standards of: Occupational health and safety? (provide proof)	√		
	Does the entity have an OHS expert in its staff	√		
Appropriately qualified assessment staff	Certified copies of qualifications (Foreign qualifications submitted to be accompanied by SAQA evaluation document).	√		
	The required technical expertise to conduct the integrated external assessment	√		
	Check the evidence of policies and procedures for staff development opportunities.	√		
Required physical resources and equipment	Venues meet the requirements and expected standards e.g. floor plans	√		
	Machinery equipment, protective clothing as specified in the qualification or part qualification (Attach a list required and indicate the availability of the	√		

	tools and equipment)			
	Does the entity have the guidelines and procedures for conducting assessments?	√		
Learner information- (informed and protected learners)	Appeal and grievance procedures.	√		
	Learner support and code of conduct.	√		
	Learner records of assessments conducted	√		
	Generates reports as required, such as learner retention rates, attainments, attendance and learner details/ratio.	√		
Management information system	Safe keeping of records and documentation	√		
	Contains detailed information on past and present learners.	√		
	Evidence of individual learner progression recorded.	√		
	Monitoring of feedback from stakeholders including learners and industries	√		

If not yet accredited enclose the following:

Annexure C: Proof of juristic status

Annexure D: Tax clearance certificate

Annexure E: Occupational Health and Safety Certificate

RECOMMENDATIONS

AQP Official recommendation	YES	<input checked="" type="checkbox"/>	NO		
Comments					
AQP Representative					
Position					
Telephone					
E-mail					
Signature				Date	

QDM Manager Recommendation	YES		NO		
Comments					
AQP Representative					
Position					
Telephone					
E-MAIL					
Signature				Date	

ETQA Executive manager Recommendation	YES		NO		
Comments					
AQP Representantive					
Position					
Telephone					

E-MAIL			
Signature		Date	

QCTO FINAL DECISION ON APPROVAL

QCTO FINAL DECISION	YES		NO		
Comments					
QCTO Representative					
Position					
Telephone					
E-mail					
Signature			Date		