**APPLICATION TO REGISTER ON A DATABASE OF CETA APPROVED WORKPLACE**

**NB:** A critical component of occupational qualifications is access to a relevant and approved workplace. For this reason, all SDPs wishing to apply for accreditation need to have strong partnerships with employers who will provide their learners with access to workplace experience. For this reason, SDPs are encouraged to work with and, where appropriate, assist employers with their application for registration and as approved workplaces for occupational qualifications. This will provide an accommodative situation for all, as SDPs in the construction sector are more experienced and understand the CETA processes. Entities wishing to be included in the database of approved workplaces should send an e-mail to: [workplaceapproval@ceta.co.za](mailto:workplaceapproval@ceta.co.za)

**1: General information (ATTACH COMPANY PROFILE AND PROOF OF COMPANY REGISTRATION)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.1 | Company Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Registered name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | Trade Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | Company Registration No. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.5 | SETA Accreditation, if any (**specify**) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.6 | Postal Address: | | | | | | | | | | | | | | | | | 1.7 Physical Address: | | | | | | | | | | | |
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|
| Area code | | | | | |  | |  | | |  | |  | | | | Area code | | | | | | | |  |  |  |  |
| 1.8 | Phone number | | | Area code | | | | | | | | | | | | |  | |  | |  | |  | 1.9 E-mail address | | | | | |
|  |  | | | Tel. No | | |  |  | | |  | |  | |  |  | |  | |  | |  |  |  | | | | | |
| 1.10 | Contact person 1 | | | | | | | | | First name | | | | | | | | | | | | | | | Surname | | | | |
| Cell number: |  |  | |  |  |  |  | | |  | |  | |  |  | | E-mail: | | | | | | | | | | | |
| 1.11 | Contact person 2 | | | | | | | | | First name | | | | | | | | | | | | | | | Surname | | | | |
| Cell number: |  |  | |  |  |  |  | | |  | |  | |  |  | | E-mail: | | | | | | | | | | | |
| 1.12 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**2: OCCUPATIONAL QUALIFICATION IINFORMATION**

**List The Occupational Qualification(s) that can be accessible to Learners for workplace exposure.**

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| --- | --- | --- |
| **Occupational Qualification ID** | **Occupational Qualification Title** | **OQSF Level** |
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**NB: ATTACH COMPANY PROFILE AND PROOF OF COMPANY REGISTRATION**

For more information, kindly contact:

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Specialist: Qualifications Development

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