

APPLICATION FORM FOR NQF ACCREDITATION

Document Title	Application form for extension/secondary accreditation		Approved	COO
Document Number	ETQA-AF-002		Review	ETQA
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1: GENERAL INSTITUTION/ORGANISATION INFORMATION

1.1	Provider name										
1.2	Registered name		 								
1.3	Accreditation No										
1.4	Primary SETA										
1.5	Postal Address (Hea	d Office):		1.5	5 Phy	ysica	I Addre	ess (Head Office):			
	Area code			Are	ea coo	de				1	1
1.6	Phone number	Area code					1.	7 E-mail address			
		Tel. No									
1.7	Fax number	Area code									
		Fax No									
1.8	Contact pe	erson 1	F	irst nar	ne			Sur	name		
	Cell number:			E-n	nail:			1			
1.9	Contact pe	erson 2	F	irst nar	me			Sur	name		
	Cell number:			E-n	nail:						
1.10	Signature						Date				

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2: LIST THE UNIT STANDARDS/ QUALIFICATIONS YOU INTEND PROVIDING TRAINING:

Qualification D: 48940	TITLE: NATIONALCERTIFICATE:CONSTRUCTION PLANT OPERATION	
NQF ID	UNIT STANDARD DESCRIPTION	NQF LEVEL

Note: Please print additional pages if required

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3: LIST THE TOOLS AND EQUIPMENT TO BE USED IN PROVING TRAINING AGAINST THE UNIT STANDARDS/QUALIFICATIONS

TOOLS & EQUIPMENT			
	Number		Number
State if Learning Material (Learner / Practit	tioner / Asses	sment / RPL Guides) is available and is	aligned to NQF
List the Materials (Consumables) to be use	ed for training	g against the unit standards/qualificatior	IS

Note: Please print additional pages if required

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4: FACILITIES

		Y	Ν
Area / Items	Remarks		
LECTURE ROOMS*			
Tables			
Seating			
 Lighting* 			
 Ventilation* 			
Noise levels*			
TRAINING AIDS			
• OHP			
White board			
Data Projector			
 Flip chart 			
• Other			
Workshops*			
Practical sites*			
Ablution facilities*			

Note:

* Compliance to OH&S Act requirements

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5: TRAINING AND ASSESSMENT PRACTITIONERS

The following categories are regarded as Assessment Practitioners:

- ➢ FACILITATORS)
- > ASSESSORS
- > MODERATORS (INTERNAL AS WELL AS EXTERNAL)

The CETA will registering ASSESSORS AND MODERATORS ONLY

Ensure the use of 1 line per assessment discipline (add on pages of this section if needed)

Name Assessment Practitioner	ID Number										Practitioner status	CETA registration No (if registered, if not indicate to be registered.	Training Scope (Core and Electives, Core, Electives and Fundamentals, or Fundamentals Only

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