



APPLICATION FORM FOR NQF ACCREDITATION

Document Title	Application form for extension/secondary accreditation	Approved	COO
Document Number	ETQA-AF-002	Review	ETQA
Revision Number & Dates	Rev 1 of January 2013	Page	1 of 2

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 (Head Office):	1.5 Physical Address (Head Office):										
	Area code							Area code				
1.6	Phone number	Area code								1.7 E-mail address		
	Tel. No											
1.7	Fax number	Area code										
	Fax No											
1.8	Contact person 1	First name				Surname						
	Cell number:							E-mail:				
1.9	Contact person 2	First name				Surname						
	Cell number:							E-mail:				
1.10	<div style="display: flex; justify-content: space-between;"> <div>Signature _____</div> <div>Date _____</div> </div>											

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Revision Number & Dates	Rev 1 of January 2013	Page	1 of 2

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

[illegible]

Note: Please print additional pages if required

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4: FACILITIES

Area / Items	Remarks	Y	N
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 <i>to be registered</i> .)	Training Scope (<i>Core and Electives, Core, Electives and Fundamentals, or Fundamentals Only</i>)

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