



Health and Welfare Sector
Education and Training Authority

HWSETA

RE-ACCREDITATION APPLICATION FORM

VERSION 2.0

2014

TO BE COMPLETED BY THE SKILLS DEVELOPMENT PROVIDER (SDP)

Provider Name		Date of submission	
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FOR HWSETA OFFICE USE ONLY

Received by		Date Received		Evaluated by	
Acknowledged by		Date acknowledged		Date evaluated	
Evaluation Outcome		Date of Feedback			

Document Name: Re-Accreditation application form		Division: ETQA
Date Approved: July 2014		Version: No 2.0:
Date Revised: July 2014	Period of Validity: 1 Year	Location : ETQA

IMPORTANT INFORMATION TO TAKE NOTE OF

- This application form must be completed and submitted by SDP accredited by the HWSETA **six (6) months** before the date of the expiry of accreditation;
- No re-accreditations will be considered without the submission of this application form;
- Should this application form and accompanying documents be compliant the HWSETA will conduct a site visit to evaluate institutional viability for re-accreditation to be granted for another 5 years;
- SDPs who were accredited to offer single unit standards will have to apply for programme approval for either a skills programme or a full qualification.

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SECTION 1 – Provider Information

Name of SDP												
Registered Company Name												
Trading as												
Accreditation status	Date of accreditation						Date of expiry					
Scope of delivery	Primary Focus						Secondary Focus					
Accreditation number (Expired)												
Physical Address of Main Campus												
GPS Coordinates												
Postal Address of Main Campus												
Geographic distribution of Satellite training campuses	Province											
	Eastern Cape		Approved by HWSETA		Kwazulu-Natal		Approved by HWSETA		North West		Approved by HWSETA	
			Yes	No			Yes	No			Yes	No
	Free State		Approved by HWSETA		Limpopo		Approved by HWSETA		Northern Cape		Approved by HWSETA	
			Yes	No			Yes	No			Yes	No

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	Gauteng	Approved by HWSETA		Mpumalanga	Approved by HWSETA		Western Cape	Approved by HWSETA			
		Yes	No		Yes	No		Yes	No		
Date/s of establishment of the Satellite Campuses (if any)											
Contact person(s) Name(s)											
SDP Representative (if different from above)											
Telephone No.	Code										
Fax No.	Code										
Cellular No.											
E-mail address											
Website address											

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Name of Skills Development Provider:	
Name of Programme submitted for approval:	
Assessor/s:	
♦ Name and Surname	
♦ ID number (attach certified copy)	
♦ HWSETA registration number/s(attach	
♦ certified copy of notification letter)	
♦ Signed SLA/Contract copies	
NB: Must be registered for the same programme applied for. All Facilitators must be registered Assessors.	
Moderator/s:	
♦ Name and Surname	
♦ ID number(attach certified copy)	
♦ HWSETA registration number/s (attach	
♦ certified copy of notification letter)	
♦ Signed SLA/Contract copies	
NB: must be registered for the same programme applied for	
QMS Reviewed (to be verified on site)	Yes / No
Attach current original Tax clearance certificate:	
Attach copy of company registration including shareholding information:	
Attach CVs and qualifications of director/s: (one or more directors to have qualifications relevant to the health and social development sector)	

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SECTION 2: Scope of Delivery – Primary Focus

No:	List the Qualification(s) /Unit Standard(s) for which the Provider has programme approval from the HWSETA ETQA.										
	Qualification ID and Title	NQF Level	Credits	Status of Qual		Unit Standard ID	NQF Level	Credits	Status of US		
				Current	Expired				Current	Expired	
1.											
2.											
3.											
4.											
Is a letter of the Learning Programme Approval report available? If yes, a copy of each must be submitted.							Yes		No		

SECTION 3: Extension of Scope to other ETQAs

Has the provider extended their scope to another ETQA?	Yes	No	If yes, please indicate with which SETA ETQA.								
List the Qualification(s)/Unit Standard(s) for which the Provider has been approved by the other ETQA											
No:	List the Qualification(s) /Unit Standard(s) for which the Provider has programme approval from the secondary ETQA.										
	Qualification ID and Title	NQF Level	Credits	Status of Qualifications		Unit Standard ID	NQF Level	Credits	Status of US		
				Current	Expired				Current	Expired	
1.											
2.											
3.											
4.											
Is the Programme approval letter available? If yes, a copy of each must be submitted							Yes		No		

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SECTION 4 (a): Provider Enrolment History

Date of Enrolment and of Completion	Qualification ID and Title	Unit Standard ID	Number of Learners Enrolled	Number of Learners Dropped Out	Number of Learners Endorsed	Names of Facilitators	Names of Assessors	Names of Moderators

(Name of Company Executive)

Signature: _____

Date: _____

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