



ENERGY SECTOR EDUCATION AND TRAINING AUTHORITY

EWSETA SKILLS DEVELOPMENT PROVIDER ACCREDITATION APPLICATION AND SELF ASSESSMENT CRITERIA

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DISCLAIMER

The EWSETA will protect the confidentiality and intellectual property of information submitted by Providers.

APPLICATION FOR ACCREDITATION AS A SKILLS DEVELOPMENT PROVIDER

SECTION 1: ACCREDITATION DETAILS

1.1 PURPOSE OF APPLICATION

(Please tick (√) appropriate box/s)

Accreditation	<input type="checkbox"/>	Re-accreditation	<input type="checkbox"/>	Extension of Scope	<input type="checkbox"/>
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1.2 ORGANIZATION SCOPE OF APPLICATION

<input type="checkbox"/>	Single Phase Tester Unit standards	<input type="checkbox"/>	Installation Electrician Unit standards	<input type="checkbox"/>	Master Installation Electrician Unit standards
<input type="checkbox"/>	Electrician Engineering	<input type="checkbox"/>	Electrician Distribution	<input type="checkbox"/>	Electrician Transmission
<input type="checkbox"/>	Electrician Generation	<input type="checkbox"/>	Electric Fence Unit standards	<input type="checkbox"/>	Water Reticulation
<input type="checkbox"/>	Water & Waste water	<input type="checkbox"/>	Waste water	<input type="checkbox"/>	Network Control
<input type="checkbox"/>	Electrical Metering training	<input type="checkbox"/>	Power plant Operator/ Controller	<input type="checkbox"/>	Electrician Renewable Energy
<input type="checkbox"/>	National Energy Regulation (Full Qualification)	<input type="checkbox"/>	Building Energy Auditors Training	<input type="checkbox"/>	Other

List of Qualifications/ Unit standards applying to offer:

Title:	ID	LEVEL	CREDITS

1.3 Number of learners

1.3.1. Please provide estimation of the expected number of learners to be trained per annum

TRADE/ OCCUPATION	OFO CODE	NUMBER OF PROSPECTED LEARNERS PER ANNUM
Single Phase Tester Unit standards		
Installation Electrician Unit standards		
Master Installation Electrician Unit standards		
Electrician Engineering	671101	
Electrician Distribution	671101	
Electrician Transmission	671101	
Electrician Generation	671101	
Electric Fence Unit standards		
Water Process Controller		
Water & Waste water Process Controller		
Electrician	671101	
Instrument Mechanician (Process Control)	672105	
Power plant Operator		
Power plant Controller		
Electrical Line Mechanic		
Overhead High Voltage Regulations OHVR		

SECTION 2: APPLICANT DETAILS

2.1 ORGANIZATION PROFILE (to be verified during the site visit)

Legal Name																				
Trading Name																				
Site (if more than one site)																				
Company Registration No																				
Primary Focus Of Business																				
Skills Development Levy No (If applicable)	L													Sic Code (If applicable)						

2.2 PHYSICAL ADDRESS

Street													
City/town													
Municipality													
Province													
Postal code													

2.3 POSTAL ADDRESS

P O Box													
City/town													
Province													
Postal code													

2.4 ORGANIZATIONS CONTACT PERSONS DETAILS

Title													
Full names													
Position													
Telephone number													
Cell phone number													
E-mail Address													

SECTION 3: HUMAN RESOURCES

3.1 TRAINER / FACILITATOR

- Please complete per trade all staff (trainers / facilitators) of your organisation involved in the apprenticeship/ training implementation process
- The **certified copies** of certificates and supporting documents need to be attached to the application
- Any changes to the human resources should be communicated to the EWSETA QUALITY ASSURANCE & COMPLIANCE (QAC) DEPARTMENT within the month of change providing all relevant copies

PLEASE PROVIDE TRAINERS / FACILITATORS DETAILS BY COMPLETING THE TABLE BELOW

TRADE	NAME AND SURNAME	ID NO.	TRADE CERTIFICATE	RELEVANT EDUCATIONAL QUALIFICATION	ASSESSOR / MODERATOR REGISTRATION NUMBER	YEARS RELEVANT WORK EXPERIENCE

- Note:**
1. **Certified copies** of the Identification Document, Trade Test Certificate, assessor/moderator and any other educational certificates and proof of relevant workplace experience for each applicant applying for registration must be submitted with this Application Form.
 2. Make copies of this page if additional trainer facilitators detail required

3.2 ADMINISTRATOR(S) APPOINTED TO DEAL WITH APPRENTICESHIP TRAINING

PLEASE PROVIDE ADMINISTRATORS' DETAILS BY COMPLETING THE TABLE BELOW

NAME AND SURNAME	ID NUMBER	POSITION	CONTACT DETAILS	
			PHONE	EMAIL

SECTION 4: ATTACHMENTS TO BE PROVIDED BY THE APPLICATION

NOTE

- Please attach copies of the following and submit with this application form. Please note that your application will be returned if the attachments are not part of your application.
- Please indicate that the documents are attached or reason they are not attached to application

EVIDENCE REQUIRED	COMMENTS TO BE MADE BY THE APPLICANT		
	SUBMITTED	NOT SUBMITTED	REASON NOT ATTACHED
4.1 ORGANIZATIONAL REQUIREMENTS			
1. CIPRO or Companies and Intellectual Property Commission (CIPC) proof of registration for one of the following <ul style="list-style-type: none"> ➤ Provincial Department of Education confirmation that institution is a public FET Institution ➤ Company ➤ Closed corporation ➤ Partnership ➤ Section 21 company ➤ Other 			
2. Tax clearance certificate Even a new business will be able to get a tax clearance certificate			
3. Letter of Good Standing (Workman's Compensation)			
4. Safety committee minutes (NOTE: Signed and dated page to be attached with this application)			
5. Health and safety audit certificate from a reputable external organization (NOTE: Signed and dated page to be attached with this application)			
6. Floor plan and lay out of the training area/building conforming to the OHS Act			
4.2 FINANCIAL VIABILITY			
7. Letter from Auditor / Financial Officer indicating financial viability (Annual document)			
4.3 PHYSICAL RESOURCES			
8. Inventory list of educational resources per module			
9. Inventory list of educational resources per module			
10. Signed tool / equipment list per occupation			

SECTION 5: DOCUMENTS TO BE AVAILABLE ON THE DAY OF THE AUDIT

NOTE

- Please ensure the following are available on the day of the audit for discussion and verification by the auditor.
- Indicate if documents will be available on the day of audit
- A walkabout audit will be conducted to verify application of policies and procedures as well as well as tools, equipment, recourses and consumables as required for training and assessments

EVIDENCE REQUIRED	COMMENTS TO BE MADE BY THE APPLICANT		
	WILL BE AVAILABLE	WILL NOT BE AVAILABLE	REASON DOCUMENTS WILL NOT BE AVAILABLE
5.1 ORGANIZATIONAL REQUIREMENTS			
1. Safety registers as used in compliance to safety (e.g. Fire extinguishers, portable appliances, ladders, etc.)			
2. Safety policies and procedures including PPE			
5.2 FINANCIAL VIABILITY			
3. Business /Marketing plan/strategy			
4. Financial policy and procedures			
5.3 SUSTAINABILITY			
5. Workplace skills plan (WSP)			
6. Is training included in your WSP?			
7. Sector Skills Plan (SSP) Are your training programmes aligned to the EWSETA SSP?			
8. Memoranda of Understanding in place for training with accredited workplace/s			
5.4 PHYSICAL RESOURCES			
9. Lease agreement: Is agreement still valid OR Evidence of ownership NB: Providers must prove that they have access to the correct environment, so that the learner can gain the sufficient workplace exposure.			
10. Consumables management and control			
11. Tools and equipment management and control			
5.5 HUMAN RESOURCES			
12. HR policies and procedures			
13. Staff development plan and Appraisal system			
14. Staff Code of Conduct			
15. Learner code of conduct			

16. Organogram Does the organogram include testers, trainers and moderators and admin staff			
5.6 ADMINISTRATIVE SYSTEM SUPPORT AND GUIDANCE			
17. Assessor findings recording policy and procedure			
18. Moderators reports and policy and procedure			
19. Archiving procedure			
20. Backup System			
21. Learner guidance and support policies and procedures			
5.7 TRAINING OF LEARNERS			
22. Training policy and procedures			
23. Learning programme matrix format of delivery			
24. Training plan and procedures for programs or modules			

SECTION 6: AUTHORISATION BY MANAGEMENT EXECUTIVE REQUESTING EWSETA ACCREDITATION

I _____ duly authorised from _____
 (Name and Surname) (Company)

confirm all detail in report as correct and hereby indicate that the company is ready for the audit to be conducted

Signed at _____ on this _____ of _____
 Place Day Month Year

Signature of duly authorised Company Representative

OFFICIAL COMPANY STAMP



FOR OFFICE USE BY THE EWSETA ONLY DURING DESKTOP EVALUATION

NOTE: if documents as required not attached, an audit will not be initiated

EVIDENCE REQUIRED	COMMENTS TO BE MADE BY THE EWSETA		
	SUBMITTED	NOT SUBMITTED	VERIFIED ATTACHED
ORGANIZATIONAL REQUIREMENTS			
1. CIPRO or Companies and Intellectual Property Commission (CIPC) proof of registration			
2. Tax clearance certificate Even a new business will be able to get a tax clearance certificate			
3. Letter of Good Standing (Workman's Compensation)			
4. Safety committee minutes (NOTE: Signed and dated page to be attached with this application)			
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7. Letter from Auditor / Financial Officer indicating financial viability (Annual document)			
4.3 PHYSICAL RESOURCES			
8. Inventory list of educational resources per module			
9. Inventory list of educational resources per module			
10. Signed tool / equipment list per occupation			
4.4 HUMAN RESOURCES			
11. Completed table 3.1 and all trainers/facilitators <ul style="list-style-type: none"> • Qualifications attached • ID copy • Trade test certificate 			
12. Completed table 3.2 for administrators detail			
13. Proof of Access/ SLA or written permission to gain access and expose learners in one of the following environments:			
14. High Voltage yards, Sub-stations, municipalities (Generation, Distribution and Transmission training, ORHVS training)			
15. Power plants (Generation, Distribution, Transmission Power plant Operator/ Controller training)			
16. Water/ Waste Water Plants and/ Municipalities (Water Process Controller training)			

DESKTOP AUDIT CONDUCTED BY

NAME	
DATE:	
SIGNATURE:	

COMMENTS

SITE AUDIT RECOMMENDED BY

NAME	
DATE:	
SIGNATURE:	

COMMENTS
