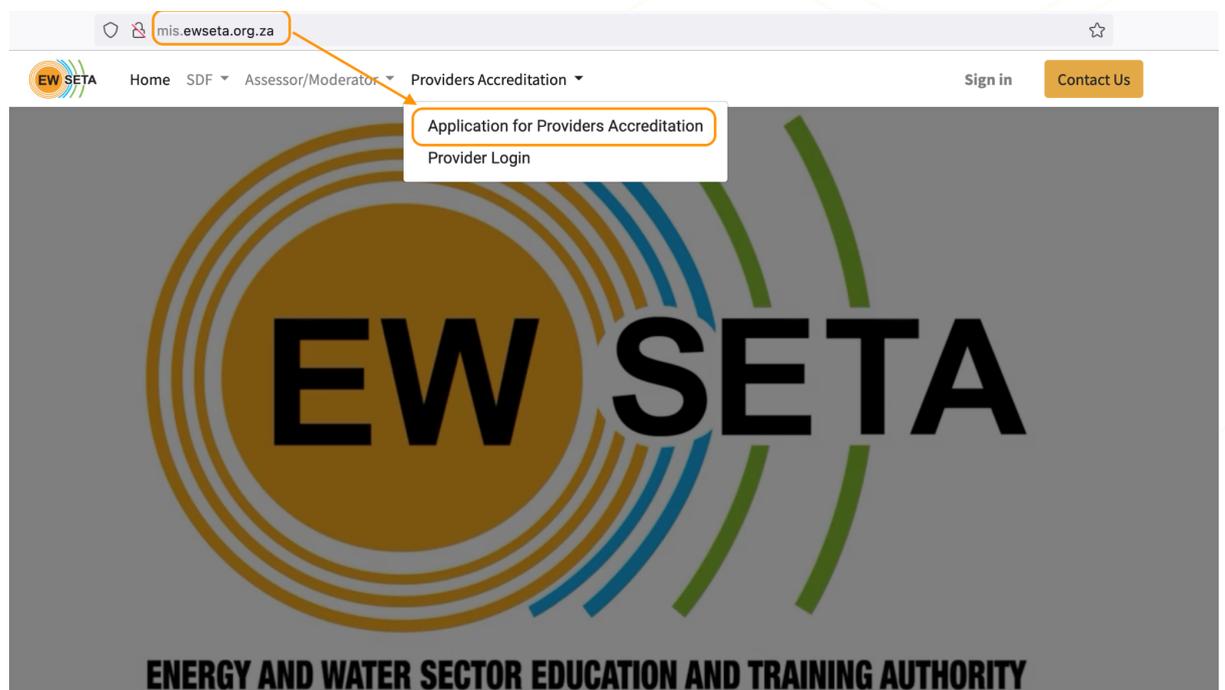




PROVIDER ACCREDITATION PROCESS FLOW

System also allows users to register as a provider to do so users have to open the EWSETA web site and click on Provider Accreditation Application as shown in below screen.



Familiarise yourself with the ***“Popi Disclaimer terms and conditions”*** & ***“Privacy Statement Notice”***. then click on the ***“I Agree”*** radio button to proceed, you cannot proceed if you do not agree.

Apply for Accreditation

Code of Conduct

Please ensure that you are familiar with the Terms & Conditions before continuing

Code Of Conduct & Privacy Statement Notice

Agree **Not Agree**

Next

On clicking the next button, the next form will appear for General Business Information as shown below.

General Business Information



General Business Information

Provider Name *

Rachel Mnisi

Trading As Name *

Msini Inc

Proof of Legal status

Company Registration Number *

23423

VAT Registration Number

VAT Registration Number

SIC Code Description *

[41115] Transmission Of Energy

Years in Business

4

Number of Full Time Staff Members *

45

Training Material

Own Material

Program Approval

Already Accredited with other SETA Yes No

Back

Next *

* indicates mandatory fields

Fill in all the required information and click on the next button.

On click of next, the General Site Information form will appear as shown below.

General Site Information

Not Secure — mis-testing.ewseta.org.za



Home SDF ▾ Assessor/Moderator ▾ Providers Accreditation ▾

General Site Information

Main Campus/Training Facility/Address Information

Training Centre/Campus Name *

Mnisi Training Facility

Training Centre/Campus Email *

mnisitf@gmail.com

Training Centre/Campus phone *

0810844352

Training Centre/Campus Fax

485959

Street1 *

34 Main Avenue

Street2 *

Main Avenue

Street3 *

Building\Office Park

Province *

Gauteng

City

Randburg

Suburb

Ferndale

*** Country**

South Africa

Zip

Zip

Enter main campus details along with the contact details and select Qualification for which provider you want to accredit as shown below.

Contact Details

Contact Details

Contact Person Name *	Contact Person Surname *
<input type="text" value="Thabiso"/>	<input type="text" value="Mashaba"/>
Telephone Number *	Cell Number *
<input type="text" value="0810846748"/>	<input type="text" value="0810845498"/>
Email Address *	Job Title
<input type="text" value="thabisomashaba@gmail.com"/>	<input type="text" value="Consultant"/>

Qualification

Provider applicants will be required to select either the qualifications, Learning Programs, or Skills Programmes they wish to be accredited for. Applicants are also required to select the selectable unit standards (electives) they wish to apply for.

Main Campus Qualification								
Qualification		You have Selected 1 Option(s)						
		Community hygiene practices						
Core	14050	Care for customers in a community environment	NQF Level 03	Level 3	5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core	14051	Collect and record data	NQF Level 02	Level 2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core	14911	Participate in formal meetings	NQF Level 02	Level 2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core	117894	Demonstrate and apply knowledge and understanding of Gender Equality and Women's Empowerment to raise awareness and promote change	NQF Level 02	Level 2	5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core	244584	Investigate ways of contributing towards community development	NQF Level 03	Level 3	5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core	246463	Demonstrate knowledge of water cycle, water and wastewater systems and processes	NQF Level 02	Level 2	5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Skills Programs

Main Campus Skills Programme
Skills Programme

You have Selected 1 Option(s)

Search

- (03SP20211218001) Hot Water Skills Programme (Molomauco)
- (03SP20211217002) Domestic Installation Skills Programme (Molomauco)
- (03SP20211217001) Hot Water Installation Skills Programme (Molomauco)
- (03SP20211119001) Blacken Electrical Skills Programme (03)
- (03SP20211118002) Blacken Electrical Skills Programme (02)
- (03SP20211118001) Blacken Electrical Skills Programme (01)
- (03SP20211027002) PWI Skills Programme (10)
- (03SP20211027001) Demonstrate knowledge of characteristics of water flow

Main Campus Learning Programme
Learning Programme

Back Next * Indicates mandatory fields

Learning Programs

Main Campus Learning Programme
Learning Programme

You have Selected 1 Option(s)

Search

- (72070) Further Education and Training Certificate: Electrical Engineering: Electrical Construction
- (66514) National Certificate: Energy Regulation: Electrical
- (65630) Further Education and Training Certificate: Measurement

Back Next * Indicates mandatory fields

Main Campus Skills Programme
Skills Programme

You have Selected 1 Option(s)

Main Campus Learning Programme
Learning Programme

You have Selected 1 Option(s)

Back Next * Indicates mandatory fields

The Provider also has to select Assessor(s) by whom the Qualification will be assessed.

Note that this should be an accredited Assessor at EWSETA so what you simply do is enter the assessor ID and the system will populate the assessor name from the system.

Validation: The Assessors and Moderators related to the selected Qualification will only be loaded in the selection list.

Assessor/ Moderator Linking to the qualification

Assessor / Moderator

Assessor *

EW583ARA0000006

Add Remove

EW583ARA0000006->Vic

Appointment Letter / SLA * **Notification Letter ***

Choose File Screenshot 20... 21.31.38.png Choose File Screenshot 20... 21.31.38.png

Moderator *

EW583MRA00000002

Add Remove

EW583MRA00000002->Vic

Appointment Letter / SLA * **Notification Letter ***

Choose File Screenshot 20... 21.3 Choose File Screenshot 20... 21.31.38.png

Enter the assessor and moderator linked to the qualification being applied for, so that there is a seamless link between the provider> assessor and moderator as shown above.

Document Upload

As an applicant you will be required to upload additional documents for the process to proceed. Document upload section uploads the required document for CIPC/DSD Documents, Tax Clearance, Director C.V, Certified Copies Of Qualifications etc.

Document upload

CIPC/DSD Documents *

Choose File CIPD.pdf

Tax Clearance *

Choose File Tax Clearance.pdf

Certified Copies Of Qualifications *

Choose Files no files selected

Proof of Ownership or Lease Agreement and (Utility Bill) *

Choose Files Proof of Ownership/ Lease Agreement .pdf

Organogram *

Choose Files Organogram.pdf

Learning Material *

Choose Files Learning Material.pdf

Director(s) SA ID / Visa / Passport / Permanent residence *

Choose Files no files selected

Workplace Agreement *

Choose Files Workplace Agreement.pdf

Letter of Good Standing *

Choose Files letter of Good Standing.png

Memoranda of Understanding *

Choose Files 00206B3E450C...359 (1).pdf

Financial Viability *

Choose Files Financial Viability.pdf

Satellite Campus

Applicants can also fill in details of satellite Campuses or Training facilities under their belt (Click on the radio button to choose your path.

Add Satellite Campus Yes No

Back

Next

* Indicates mandatory fields

Satellite Campus #1

Satellite Campus Name *

Email *

Phone

e.g. 0824513677

FAX

Satellite Campus Address

Street1 *

Street Number

Street2 *

Street Name

Street3 *

Building\Office Park

Upon completion of filling in all the required information applicants can click on **submit**.

Workplace Agreement *

Choose Files Workplace Agreement.pdf

Letter of Good Standing *

Choose Files letter of Good Standing.png

Memoranda of Understanding *

Choose Files 00206B3E450C...359 (1).pdf

Financial Viability *

Choose Files Financial Viability.pdf

QCTO Referral Letter *

Choose Files CIPD.pdf

Signed Tool *

Choose Files Signed Tool.pdf

Floor Plan *

Choose Files Floor Plan.pdf

Add Satellite Campus Yes No

Back

Submit

* Indicates mandatory fields

Submission

After clicking on the “**Submit**” button, your information will be submitted and you will be presented with a box with information of your **Successful Application** and **Reference Number**.

Application Submitted Successfully

Thank you for your Provider application.
Your application will be evaluated.
Your Reference Number is : **AR165**

Confirmation Email

- After a successful submission, you will also receive a confirmation email for your submission, which will also contain the information you entered and the Reference number used to track your submission.