

Annexure A

PURPOSE

This document is to:-

- Serve as the application to the AgriSETA.

The table below briefly lists the criteria and provides an explanation thereof.

No	Criteria	Explanation of Criteria
1	Primary Focus	The primary focus of the provider (unit standards and qualifications) falls within the scope of the AgriSETA.
2	Legal Entity	Provider is a legal entity, i.e. NGO, Trust, Pty, cc, etc
3	Provider accreditation status	Provider is/not accredited with another ETQA
4	Quality Management Systems	Quality management system governing the practices of the organisation as well as the review mechanisms
5	Resources	Provider has sufficient resources such as financial, physical, and administrative support
6	Education, Training and Development (ETD) Staff Capacity	Provider has policies and procedures for HR practice
7	Learning programme alignment	Provider can align learning programmes to unit standards, deliver and evaluate the programmes
8	Assessment Management	Provider has appropriate policies and practices to conduct and manage assessments
9	Reporting practice	Provider has capacity to produce appropriate reports
10	Training Capacity	Provider has the capacity to ensure achievement of desired outcomes and offer guidance and learner support

INTRODUCTION

By completing this form the provider will be placed in the process for the awarding of the status of accreditation.

This form should be completed by:

- A constituent provider seeking **accreditation** as a delivery and assessment site,
- A constituent provider seeking **re-accreditation**,
- A non-constituent provider seeking **re-registration**.

REASON FOR APPLICATION (Please tick the relevant box)

A constituent provider seeking accreditation as a delivery and assessment site	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A constituent provider seeking re-accreditation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A non-constituent provider seeking re-registration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

GENERAL INFORMATION:

Please complete in full for capturing on the AgriSETA database:

INFORMATION ON THE INSTITUTION

TRADING NAME

REGISTERED NAME

POSTAL ADDRESS

Code

STREET ADDRESS

Code

PROVINCE (*please mark*)

W Cape	N Cape	Free State	E Cape	KZN	Mpuma langa	Limpopo	Gauteng	NW Prov
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TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

CELL NUMBER

GPS CO-ORDINATES

Document Title:	Provider Accreditation Application	Approved By:	
Effective Date:		Revision No:	1
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PROVIDER ACCREDITATION APPLICATION

INFORMATION ON THE CONTACT PERSON

SURNAME AND INITIALS

ID No.

DESIGNATION

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

CELL NUMBER

Please note that the **Provider Accreditation Application** will not be processed should this section not be duly signed and submitted to AgriSETA.

I (*full names*) _____

am authorized to submit this **Provider Accreditation Application**, on behalf of the organization _____

(*name of organization*).

I hereby also declare that all the information contained in this **Provider Accreditation Application** is, to my knowledge, true and correct.

Signed at _____ on this _____ day of _____ in the year of _____.

Full Names of person signing:

Designation of person signing:

Director

Signature:

Document No:		Compiled By	
Revision No:		Approved By	
Effective Date:	01/07/2005	Title:	Provider Criteria & Self Evaluation
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