

# CATHSSETA Accreditation Application Phase A - Intent



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## Section A: Terms & Conditions

### 1. Purpose of this Form

The ***purpose of the Phase A Form*** is to:

- Provide information required by CATHSSETA to make a decision as to whether the applicant is ***eligible for accreditation*** with CATHSSETA
- Provide information required by CATHSSETA to ***register providers accredited with another SETA*** for programme purposes with CATHSSETA
- Establish contact with the potential provider and ensure the provider is fully familiar with the ***requirements and implications of the accreditation process*** and ***programme evaluation process***

### 2. Provider Commitment

In completing the ***Accreditation Application Phase A***, the organization agrees and commits to the following ***Terms & Conditions of Accreditation*** with CATHSSETA

No	Terms & Conditions
1.	The Applicant undertakes to accept any decision of CATHSSETA regarding the organization's eligibility to be accredited by CATHSSETA, and to participate fully in the accreditation process as outlined in the CATHSSETA " <b><i>Accreditation Information Brochure</i></b> "
2.	The Applicant acknowledges that the accreditation process is a 2-stage process that takes place over a <b><i>period of time</i></b> , and Phase B of the accreditation process will include a <b><i>detailed audit</i></b> the organization's <b><i>quality management systems, programmes</i></b> and <b><i>ETD staff capacity</i></b> .
3.	The applicant undertakes to <b><i>comply with the requirements of CATHSSETA</i></b> as stipulated in all <b><i>CATHSSETA policies</i></b> for provider management as published on the CATHSSETA web-site.
4.	The applicant will supply <b><i>all information pertinent</i></b> to the <b><i>accreditation application</i></b> freely and without prejudice to CATHSSETA, and in hard copy.
5.	All information supplied to CATHSSETA by the provider will be verifiable, true and accurate
6.	The applicant will inform CATHSSETA at the nearest instance of any change to the information supplied in this application or subsequent supporting information

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## Section A: Terms & Conditions, Continued

**2.  
Provider  
Commitment**

(Continued ...)

No	Terms & Conditions
7.	The <b>accreditation awarded</b> by CATHSSETA will be <b>valid for a stipulated period</b> of time only, and that the <b>onus</b> will be on the <b>applicant to apply</b> for <b>re-accreditation</b> with CATHSSETA at least <b>6 months</b> before such accreditation lapses
8.	Should the applicant, or any of its facilitators, assessors or moderators, <b>fail to comply with any rule, regulation or condition of accreditation</b> as stipulated by the <b>ETQA Regulations 1127</b> or <b>CATHSSETA</b> , then CATHSSETA reserves the right to <b>suspend and/or refuse accreditation</b> of the applicant forthwith. Such suspension or refusal of accreditation will be <b>communicated to the applicant</b> and <b>stakeholders</b> in writing, citing the <b>reasons</b> for such action taken by CATHSSETA.
9.	The applicant acknowledges that completion of the <b>Accreditation Application Phase A</b> does not in any way authorize the provider to <b>claim accreditation</b> by CATHSSETA, or <b>use CATHSSETA's logo</b> for marketing or advertising purposes. Such actions will lead to litigation, and a refusal of CATHSSETA to accredit the provider for a <b>further period of at least two (2) years</b> .
10.	The applicant has access to and undertakes to comply with an appeals process as stipulated in the <b>CATHSSETA Appeals Policy</b> , should the applicant declare a dispute relating to any CATHSSETA decision regarding accreditation

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## Section B: General Business Information

**B1.**  
Organization's  
Registered  
Name

**B2.**  
Organization's  
Trading Name

**B3.**  
Organization's  
Abbreviated  
Trading Name

**B4.**  
Organization  
Legal Status

Please tick the appropriate block to indicate your organization's legal status:  
*Please note that should you wish to offer full qualifications – the minimum requirement for legal status is Pty (Ltd).*

- |   |  |
|---|--|
| <input type="checkbox"/> Registered Company | <input type="checkbox"/> Charitable Trust                |
| <input type="checkbox"/> Closed Corporation | <input type="checkbox"/> NGO (Not for Gain Organization) |
| <input type="checkbox"/> Sole Proprietor    | <input type="checkbox"/> Statutory Body                  |

**B5.**  
Proof of legal  
status in B4

Please provide evidence of legal status by providing the following information:

Company Registration Number

VAT Registration Number

SIC Code

SARS / SD Levy Number

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## Section B: General Business Information, Continued

**B7. CATHSSETA Chamber**

Please indicate the CATHSSETA Chamber(s) / sub-sectors that your **primary focus as a provider** is situated within:

- |   |  |
|---|--|
| <input type="checkbox"/> Tourism, travel  | <input type="checkbox"/> Guiding, Conservation |
| <input type="checkbox"/> Hospitality      | <input type="checkbox"/> Sport                 |
| <input type="checkbox"/> Gaming & Lottery | <input type="checkbox"/> Recreation & Fitness  |
| <input type="checkbox"/> Performing Arts  |  |

**B8: Provider Focus**

Please indicate the **type of provision<sup>1</sup>** that you intend to conduct as a provider:

- |                           |                          |
|---------------------------|--------------------------|
| 8.1 Delivery & Assessment | <input type="checkbox"/> |
| 8.2 Assessment only       | <input type="checkbox"/> |

**B9. Number of years in current business**

**B10. Number of full time staff members**

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<sup>1</sup> Please refer to the *CATHSSETA Accreditation Policy* for further information in this regard

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## Section B: General Business Information, Continued

**B10. Contact Details** Please provide the contact details of a **Business Director or Senior Member** of Staff that CATHSSETA will deal with as a direct contact person in all correspondence with the provider organization

The information in this question pertains to the **contact person responsible for overseeing the accreditation process** within the organization.

10.1	Name & Surname
10.2	RSA ID Number (or alternate ID number)
10.3	Gender (male / female)
10.4	Equity (Race)
10.5	Highest Qualification
10.6	Current Occupation / Designation in company
10.7	Years in Occupation
10.8	Nationality
10.9	Home Language
10.10	Disability (if applicable)
10.11	Telephone / Cell Phone
10.12	Fax
10.13	Email address
10.14	Please indicate status in relation to the provider ( <i>full-time staff member, Fixed term contract, Consultant</i> )

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## B11. Alternative Contact Details

Please provide the contact details of an **alternative Business Director or Senior Member** of Staff that CATHSSETA will deal with as the **2<sup>nd</sup>** direct contact person, should the 1<sup>st</sup> contact person not be available:

11.1 Name & Surname

11.2 RSAID Number (or alternate ID number)

11.3 Gender

11.4 Equity (Race)

11.5 Highest Qualification

11.6 Current Occupation / Designation in company

11.7 Years in Occupation

11.8 Nationality

11.9 Home Language

11.10 Disability (if applicable)

11.11 Telephone / Cell Phone

11.12 Fax

11.13 Email address

11.14 Please indicate status in relation to the provider  
(*full-time staff member, Fixed term contract, Consultant*)

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## Section C: General Site Information

**C1. Main Accreditation Site** Please provide details of the main accreditation site of the provider – this will also be the site where the **accreditation site visit** and any sub-sequent **Monitoring & Auditing / Verification visits** will be conducted:

1.1 Physical Address

1.2 Postal Address

(Postal Code)

1.3 Telephone Number

1.4 Fax Number

1.5 Email address

1.6 Web-site (where applicable)

**C2. Provision sites** Please provide the same details as above for the additional provision sites of the provider – this will also be the site where the **learnership monitoring site visit** and any sub-sequent **Monitoring & Auditing / Verification visits**<sup>2</sup> for verification of workplace provision will be conducted.

Please indicate if additional sheets have been attached as an Annexure to the Phase A Application Form to provide **information on additional provision sites** Yes  No

<sup>2</sup> Please refer to the CATHSSETA Monitoring & Auditing Policy for further information in this regard

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## Section D: Current Accreditation Status

**Accreditation Principle** Please note that the Organization **MAY NOT** be accredited by more than one ETQA.

**D1. Accreditation Applications** Please complete the following questions relating to current and past accreditation applications

- 1.1 Has the organization ever applied to another SETA or ETQA for accreditation?      **Yes**     **No**
- 1.2 If yes to 1.1, please indicate which SETA or ETQA:
- 1.3 State accreditation number

**D2. Accreditation Status** If **yes to D1**, what is the status of the accreditation application?

- 2.1 Accreditation Granted
- 2.2 Accreditation Pending
- 2.3 Accreditation Refused

**D3. Status Reason** If **2.3 in D2**, please indicate the reason for refusal:

- 3.1 Application to wrong SETA
- 3.2 Failure to meet criteria
- 3.3 Unknown

**D4. Accreditation Period** If 2.1 in D2, please indicate the period of accreditation granted:

\_\_\_\_\_ **to** \_\_\_\_\_

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## Section E: Provision Scope

**Accreditation Scope Principles** The following *principles of scope* must be noted by the provider:

1. The organization must be able to demonstrate that its **primary focus of provision** coincides with **CATHSSETA**.
2. The organization must be able to provide **evidence of quality aligned programmes already in existence** for each of the qualifications or unit standards listed below for accreditation purposes.
3. The organization must be able to provide evidence of **organizational and ETD capacity<sup>3</sup>** in relation to each / all of the qualifications or unit standards listed below.
4. Until **programme evaluation and approval<sup>4</sup>** on each of the listed qualifications, skills programmes or unit standards have been granted by **CATHSSETA** in **writing**, the provider is not authorized to present the scope for **CATHSSETA certification purposes**.

**Intended Scope of Accreditation**

The following table is an example of how the **Scope Table** must be completed for processing. Please note that the Phase A will not be processed if any of the information below is listed **incorrectly** or **incompletely**.

Qualification Code	Qualification Name	Qualification Level	Qualification Type
8643	Diploma in Professional Cookery	5	Diploma
<b>Key:</b>			
<ul style="list-style-type: none"> <li>• NLRD Code for qualifications and unit standard</li> <li>• CATHSSETA registration number for Skills Programmes</li> <li>• See SAQA or CATHSSETA web-site for details</li> </ul>	<ul style="list-style-type: none"> <li>• NQF registered name for qualifications or unit standard</li> <li>• CATHSSETA registered name for Skills Programmes</li> <li>• See SAQA or CATHSSETA web-site for details</li> </ul>	<ul style="list-style-type: none"> <li>• NQF registered level for qualifications or unit standard</li> <li>• CATHSSETA allocated NQF level for Skills Programmes</li> <li>• See CATHSSETA web-site for details</li> </ul>	Types to select from: <ul style="list-style-type: none"> <li>• Qualification (<i>Certificate, Diploma</i>)</li> <li>• Learnership</li> <li>• Skills Programme (<i>CATHSSETA registered</i>)</li> <li>• Learning Programme (<i>Generic / provider combination</i>)</li> <li>• Unit Standards</li> </ul>

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<sup>3</sup> Please refer to the *CATHSSETA Assessor Registration & Management Policy* for more information

<sup>4</sup> Please refer to the *CATHSSETA Programme Approval & Management Policy* for more information

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## Section E: Provision Scope, Continued

**E2. Intended Scope from other SETA's**

Does the provider organization present courses that falls within the **registered qualification** and/or **unit standard scope of other SETA's**?

List in the Scope Table below all the **“other SETA” registered qualifications, skills programmes or individual unit standards** for which delivery, assessment (or both) is provided by the organization.

Use **additional sheets** if required, and indicate the number of sheets attached where applicable.

Qualification Scope Table				
Qualification Code	Qualification Name	NQF Level	Qualification Type	SETA

# CATHSSETA Accreditation Application Phase A - Intent



## Section F: Declaration of Compliance

**Declaration** Please read the Terms & Condition in Section A carefully before completing this section.

Please note that the Accreditation Application Phase A will not be processed should this section not be duly signed and submitted to CATHSSETA.

**F1** I (*full names*) \_\_\_\_\_ am authorized to submit this Accreditation Application Phase A, on behalf of the organization \_\_\_\_\_ (*name of organization*).

**F2** I hereby acknowledge that I have read, understood and am authorized to agree to the Terms and Conditions listed in Section A of this application and in the CATHSSETA Accreditation Information Brochure.

**F3** I hereby also declare that all the information contained in this Accreditation Application Phase A is, to my knowledge, true and correct.

**F4. Signatures** Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

**F5. Full Names of person signing/acknowledging**

**F6. Designation of person signing**

**F6. Signature**

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## Section G: Accreditation Application Phase A Review: CATHSSETA Use Only

**G1.  
Date Received**

**G2.  
Allocated  
Database  
Number**

**G3.  
Date  
Evaluated**

**G4.  
Application  
Evaluated by**

**G5.  
Evaluator  
Signature**

**G6.  
Criteria Met**

Has the Accreditation Application Phase A has been completed in full?

Yes  No

Has the Applicant received an Acknowledgement of Receipt

Yes  No

Please indicate the date that the Acknowledgement of Receipt for the Accreditation Application Phase A has been submitted to the Applicant

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## Section G: Accreditation Application Phase A Review: CATHSSETA Use Only, Continued

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**G7. Eligibility**

Is the Applicant eligible to continue with the accreditation process with CATHSSETA **Yes**  **No**

If no above, should the applicant be recommended to another SETA / ETQA? **Yes**  **No**

If not eligible, briefly indicate reason

If yes above, please indicate the SETA / ETQA to be referred to?

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**G8. Criteria not Met**

The Evaluator must complete the Table below, and return to the Applicant should the ***Application be eligible to continue accreditation, but the application is not accepted.***

Criteria Number	Evidence Required	Date Communicated	Date Submitted

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