



**TRANSPORT AND EDUCATION TRAINING AUTHORITY**

**ACCREDITATION APPLICATION FORM**

Document Title	Accreditation Application Form	Procedure and Rev No:	ETQAWD002
Department	ETQA	Effective date	1 July 2008
Approved		1 <sup>st</sup> Issue Date	November 2003

**PROVIDER NAME:**



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**1. ACCREDITATION APPLYING FOR:**

FOR WHAT ARE YOU APPLYING? (PLEASE

Initial accreditation	<input type="checkbox"/>	Extension of initial accreditation scope within TETA	<input type="checkbox"/>
Extension of initial accreditation scope outside TETA (Secondary accreditation)	<input type="checkbox"/>	Learning Programme Approval	<input type="checkbox"/>
Re-alignment against new Qualifications / Unit Standards	<input type="checkbox"/>	RPL Assessment Centre	<input type="checkbox"/>
TICK (✓) THE RELEVANT BOX)		Trade Test Centre	<input type="checkbox"/>

INDICATE PRIMARY FOCUS ETQA

Primary ETQA Number		Name of Primary ETQA	
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WHAT TYPE OF TRAINING PROVIDER ARE YOU? (PLEASE TICK (✓) THE RELEVANT BOX/ES)

Private Provider	<input type="checkbox"/>	In-House Provider	<input type="checkbox"/>
Community Provider (NGO's, Supported Social Providers)	<input type="checkbox"/>	Assessment Centre	<input type="checkbox"/>

**2. APPLICANT INFORMATION:**

INDUSTRY CORE BUSINESS (MAIN ACTIVITY):

INDUSTRY SUB-SECTOR (OTHER ACTIVITY):

Trading name:

Registered name:

Company reg. No:

Vat reg. No:

SARS reg.no:

Postal address:

\_\_\_\_\_

Postal code: \_\_\_\_\_

Street address:  
(map to be included)

\_\_\_\_\_

Postal code: \_\_\_\_\_



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Province/s: \_\_\_\_\_

Years in current business: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Contact person 1: \_\_\_\_\_ Cell phone no: \_\_\_\_\_

Designation: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Contact person 2: \_\_\_\_\_ Cell phone no: \_\_\_\_\_

Designation: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**3. DEMOGRAPHICS**

**Size of organisation (staff compliment)**

SMME (under 50)  Large (above 50)

**Ownership**

Blacked owned  White owned

**4. ACCREDITATION SITES**

LIST SITES TO BE ACCREDITED AND IDENTIFY HEAD OFFICE

Name	Location	Contact tel. no.



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**5. ACCREDITATION APPLICATION DETAILS**

**PLEASE ENSURE THE GENERAL INFORMATION SECTION HAS BEEN COMPLETED BEFORE PROCEEDING TO THIS SECTION**

Please tick (✓) the boxes in the site column. Documentation must be kept on site and should be available for validation and quality audits.

**5.1 DETAILS OF ASSESSORS**

**State whether Assessors available are permanent staff or on contract** (Registered Assessors must have achieved a nationally recognised qualification).

- Permanent
- Contractor

**5.1.1 List Assessor details**

Assessor Name:	
TETA Registration No:	
Assessor Application Submitted to TETA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessor Name:	
TETA Registration No:	
Assessor Application Submitted to TETA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessor Name:	
TETA Registration No:	
Assessor Application Submitted to TETA	Yes <input type="checkbox"/> No <input type="checkbox"/>



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**5.1.2 Moderation** (state whether Moderators available are permanent or on contract)

- Permanent
- Contract

**5.1.3 List Moderator details**

Moderator Name:	
TETA Registration No:	
Moderator Application Submitted to TETA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration No:	
Assessor Name:	
Registration No:	

5.1 TRAINING DELIVERY (Refer to TETA scope document for unit standards/qualifications to be applied for)		Indicate if material is developed (D) or purchased (P)	LMO Providers to Indicate LMO licensing codes	
Unit Standard /Qualification Number	Unit Standard/ Qualification Title		F	C

**NOTE: If** you have developed your own training material, please complete the Learning Programme Evaluation Self Assessment form – WDA014)



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**6. DECLARATION:**

I hereby declare that the information submitted is correct and true, and I am authorised to submit this application on behalf of ..... (Company Name)

FULL NAME

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SIGNATURE

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CAPACITY

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DATE