

Insert Organisation Logo Here

Section A – Organisation Details

Organisation Name	
Date compiled	
Compiled by	

Section B - Programme Details

Training Programme Type	e.g Learnership
Training Programme Name	National Certificate in Freight Handling
Qualification / Course registration number (where applicable)	
Learnership / Apprenticeship registration number (where Applicable)	
Provider	
Provider Public or Private	
Provider Accreditation number (Where applicable)	
Expiry date of Provider Accreditation (where applicable)	

Section C – Employer (Workplace)

Name of the Employer where Learners will receive Workplace Experience (if more than one Employer, please indicate lead Employer)	
Workplace approval number (where applicable)	
Have Mentors been allocated (if yes, please provide a list of the Mentors that are allocated to this programme in a separate attachment)	
Letter of commitment from Employer	

Section D – Classroom Training outline (Not less than 30% of the duration of the Programme)

Unit standard / Module	Date of training	Date of proposed assessment	Facilitator / Assessor	Moderator

Section E – Workplace Experience outline (Not less than 60% of the duration of the Programme)

Unit standard / Module	Workplace activity	Duration	Mentor	Comments

Section F – Moderation / certification process

Internal Moderation timeframes	
Proposed date for Application for Interim External Moderation of all learners on the programme (@50% completion of programme)	
Proposed date for Application for Final External Moderation of all learners on the programme (@100% completion of programme)	
SOR's to be issued	
Certificates to be issued	

Implementation plan approved by:

Signature _____

Designation: _____