**\*LETTER OF INTENT**

**SKILLS DEVELOPMENT PROVIDER (SDP) INTENDING TO APPLY FOR ACCREDITATION FOR HISTORICALLY REGISTERED FULL QUALIFICATIONS AT THE QCTO THROUGH THE QUALITY ASSURANCE PARTNER (QAP).**

1. This Letter of Intent must be completed by all SDPs BEFORE applying for accreditation, re-accreditation/ extension of accreditation period or extension of scope from a QAP for historically registered full qualifications.
2. Email fully completed Letter of Intent to: [accreditation@qcto.org.za](mailto:accreditation@qcto.org.za)
3. The QCTO will acknowledge receipt of the SDP’s intended application by either advising the SDP to apply for a registered occupational qualification in its place, or confirm that the accreditation application may be made to and processed by the QAP, following their normal QAP processes.
4. **SDP Applicant information**

|  |  |
| --- | --- |
| **LEGAL NAME:**  **(as per CIPC company registration document):** |  |
| **PHYSICAL ADDRESS:** |  |
| **Town/City:** |  |
| **Province:** |  |
| **POSTAL ADDRESS:** |  |
| **Town/City:** |  |
| **Postal Code:** |  |
| **NAME OF CONTACT PERSON:** |  |
| **SURNAME OF CONTACT PERSON:** |  |
| **TITLE: MR/ MS/ DR/ PROF** |  |
| **Position/Designation:** |  |
| **Email Address:** |  |
| **Contact Number (landline):** |  |
| **Cell Number:** |  |
|  |  |
| **Alternative Contact Details:** |  |
| **Name of Contact person:** |  |
| **Position/Designation:** |  |
| **Email Address:** |  |
| **Contact Number (landline):** |  |
| **Cell Number:** |  |

1. **Historically registered full qualification for which SDP accreditation application relates**

|  | **Qualification Title** | **SAQA ID** | **NQF Level** | **Credits** | **Name of QAP** |
| --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**(must be able to extend list)**

1. **Current Accreditation Status [mark with an X]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you currently accredited?** | | | **Yes** | **No** |
|  |  |
| **If yes, state accreditation authority**  **(e.g. EW SETA, ETDP SETA, etc.)** |  | | | |
| **Accreditation Period:** | **Start date** | **End Date** | | |
|  |  | | |
| **Accreditation number:** |  | | | |

1. **Type of Accreditation intending to apply for [mark with an X]**

|  |  |
| --- | --- |
| **New Application** |  |
| **Re-accreditation/ extension of accreditation period** |  |
| **Extension of Scope**  **/ accredited SDP applying for additional qualifications** |  |

**Signed Declaration:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Names and Surname),

Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am authorised to submit this

Letter of Intent on behalf of the organisation / company (legal name of company/

organisation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby declare that all the information contained in this Letter of Intent is true and

correct, and that the required facilities and resources are available for the implementation of this

qualification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Print Name and Surname** |  | **Signature** |  | **Date** |

*\*Please note that this Letter of Intent does not constitute a formal application for accreditation as this process will be facilitated by the Quality Assurance Partner (QAP) responsible on the advice of the QCTO.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE:** | **Letter of Intent** | | |  | | | | |
| Reference Number of Letter of Intent: | | |  | | | | |  |
| Processed by QCTO Official: |  | | | | |  |  | |
|  | **Name and Surname** | | | | | **Date received** | | |
| Date acknowledgement of receipt sent to Applicant: | | | | |  |  | | |
| Date acknowledgement of receipt sent to QAP Quality Assurance Partner (QAP): | | | | |  |  | | |
| Quality Assurance Partner (QAP) identified to process SDP application: | |  | | | | | | |
|  | | | | |  |  | | |
|  |  | | |  | | | | |