

 ICB ACCREDITED BUSINESS QUALIFICATIONS	Policy Name:	Accreditation Application – Theory Provider
	Policy Number:	2005.2022.v1
	Approved:	6 January 2022
	Expiry Date:	6 January 2023

1. QCTO RECOMMENDATION LETTER/ LETTER OF INTENT

A recommendation letter from the Quality Council for Trades & Occupations (QCTO) is the first accreditation requirement and the accreditation application file will not be processed if the QCTO Recommendation Letter is not included in your accreditation application file.

In order to obtain the said recommendation letter, the following must be done;

- All Applicants must complete the QCTO **Letter of Intent** which is available on the ICB Knowledge Base or QCTO website.
- The completed letter of intent must then be submitted directly to the QCTO by the applicant NOT the ICB, **refer to the submission email and guidelines detailed in the letter of intent**
- The QCTO will then respond the applicant with **a recommendation letter which authorises the applicant to apply for accreditation with the ICB.**

This QCTO process normally takes approximately 4-6 weeks, however, it is advisable to contact the QCTO directly regarding their timelines. It is further advisable that you submit your letter of intent immediately before you start putting together your ICB accreditation application file as you do not have to have your application file ready for the purpose of obtaining the QCTO Recommendation Letter.

Once in possession of the recommendation letter you can then submit your accreditation file to the ICB for review and include the recommendation letter as one of the annexures in your file.

2. ICB ACCREDITATION PROCESS

This document is to be completed for application for accreditation as an ICB theory training provider. This application is on the basis that the following documents have been read and understood by the applicant. **Please initial each page of the ICB Policy documents once read and understood:**

1. Application Form to be filled in full
2. Theory Provider Standard Operating Procedures Agreement
3. Assessment Policy
4. Exam Invigilation and Irregularity Policy
5. Provider Quality Monitoring Visit Policy
6. Provider Portal User Registration form
7. ICB Provider Portal User Guide
8. Learnerships Policy and Procedures

2.1 SUBMISSION GUIDELINES

Please complete the application in duplicate and retain a copy for your records. Submit all the original required documentation and the list of ANNEXURES as requested on the application form. Please send the document pack electronically by uploading it to Dropbox or WeTransfer and email the link with a brief description of what the link pertains to support@icb.org.za.

2.2 FEES

An accreditation application fee is applicable and **no application will be processed if proof of payment is not included in your accreditation application file.** The accreditation application fee for

the year 2022 is R6970.00 is required, please contact our support desk should you wish to get an updated fee.

Banking details are FNB, Rondebosch:
Acc: 502 624 187 57
Branch: 201 509

Please note: Use the name of your institution as a reference, DO NOT use ID numbers etc.

Please note that this is a non-refundable fee. Submit the proof of payment with the completed application. If a VAT invoice is required, please request one from the ICB once the account is open. We are able to provide a quotation or pro forma invoice until then. **Providers will furthermore be required to pay an annual accreditation renewal fee payable in January every calendar year** in order to maintain their accreditation as per the Standard Operating Procedure Agreement.

2.3 APPLICATION REVIEW PROCEDURE

Firstly, a desktop evaluation will be conducted of the application file together with the supporting documents, as per the ANNEXURE list. Timelines will apply as per the signed "Requirements for provider accreditation" document.

Secondly, once the desktop evaluation is successful, the ICB will schedule a site monitoring visit to evaluate the physical resources, to review any additional supporting documents required as per the application and to confirm that what was submitted in the application is in fact available on site. Should there be any findings during the site monitoring visit, a findings report will be raised, and the provider will be given 2 – 4 weeks to address the findings. Thereafter, the provider will be advised on the outcome of the accreditation.

2.4 QUALITY MANAGEMENT

The provider must demonstrate on paper and in practice that the required policies and procedures are in place to ensure that quality education, training, and development takes place. These policies and procedures will be verified by the ICB.

3. PROVISIONAL ACCREDITATION

Providers who meet our minimum requirements **may** be approved for provisional accreditation. Provisional accreditation is valid for a period of 12 months, after which a provider may be de-accredited without prior notification.

- Providers who have been provisionally accredited and wish to extend their accreditation period may submit a formal written request for the extension of their accreditation to full accreditation to support@icb.org.za at least **3 months** before their provisional accreditation expires.
- ICB will conduct quality monitoring visits to verify that the provider meets ICB standards before extension is granted.
- It is the responsibility of the provider to ensure that their request for extension is submitted timeously
- Providers who submit their request for extension after the expiry date will be subjected to a re-accreditation application as opposed to a request for the extension of the accreditation period

LIST OF ABBREVIATIONS

CV	Curriculum Vitae
ETQA	Education and Training Quality Assurer
FASSET	Finance and Accounting Services Sector Education and Training Authority
QAP	Quality Assurance Partner
SETA	Sector Education and Training Authority (The ICB qualifications are FASSET SETA accredited)
QCTO	Quality Council for Trades and Occupations (the ICB is a QAP of the QCTO)

A. PROVIDER DETAILS

A1	Organisation Name			For use by the ICB
A2	Trading Name			
A3	Physical Address (incl. area code)			
A4	Postal Address (incl. postal code)			
A5	Telephone number			
A6	Website address			
A7	Business Classification - Standard Industrial Classification code (SIC)			
A8	Geographical Area: (Please indicate in which provinces you operate)	Eastern Cape	Mpumalanga	
		Free State	North West Province	
		Gauteng	Northern Cape	
		Kwazulu-Natal	Western Cape	
		Limpopo	Outside SA	
A19	GPS co-ordinates: To be shown in degrees/ minutes/ seconds format. Do not show symbols. E.g. ICB is -33 56 42.616, 18 28 40.202			
A10	Does this application cover more than 1 site? If yes, please also complete the Branch Accreditation Application – Theory Provider form for each additional branch, and attach it/them as Annexure A10.			
A11	Are the premises owned or leased? Attach Proof of ownership or lease agreements for sites of delivery as Annexure A11			
A12	Indicate whether you are applying as a *workplace provider for implementation of learnerships as well	Theory Provider (only)		
		Combination of theory and workplace provider		
A13	Indicate the type of Tuition i.e. delivery method	Face to Face (i.e. Classroom style)		
		Distance Learning		

*****If applying as a workplace provider as well, the “Accreditation Application- Workplace Provider” must be submitted together with this application. Please note that this additional application may attract its own fee.*****

B. LEGAL STATUS

B1	Attach the SARS Notification of Registration (Tax clearance certificate for providers outside of SA) as annexure B1		
B2	Proof of Skills Development Levy (SDL) payment as annexure B2. If exempt, please provide proof as Annexure B2 of an official letter from SARS.		
B3	Attach the company registration documents reflecting both the organization details and director information as annexure B3		
B4	ID copies of Directors/ Members/Trustees as Annexure B4		
B5	If non-SA citizen, please attach copy of work permit/s as Annexure B5		

C. MAIN CONTACT PERSON

Please provide details of the person who is directly responsible for the accreditation application of the organisation.		For use by the ICB
C1	Title	
C2	First names	
C3	Surname	
C4	Position	
C5	Physical address (if different from the address in A3 above)	
C7	Telephone no	
C8	Cell phone no	
C9	Email address	

D. PROFESSIONAL AFFILITAION AND COMPLIANCE

D1	Has your organisation been accredited with any other ETQA or QAP?	YES	NO	For use by the ICB
D2	If "Yes" please provide documentary proof of your registration as Annexure D2.			
D3	If "No" please confirm whether an application has ever been declined or your organisation de-accredited?			
D4	Indicate to which SETA your organisation belongs/pays SDL levies. (eg: ICB=FASSET)			
D5	Provide proof of registration with DHET as Annexure D5 (if offering CHE qualifications)			
D6	Provide your QCTO recommendation letter as Annexure D6			

E. ORGANISATIONAL STRUCTURE

E1	Attach an organogram that shows the structure of your organisation including employee's names and positions as Annexure E1. All trainers staff to be included.			For use by the ICB
E2	On the Organogram clearly indicate who the ICB programme coordinator is.			
E3	Supply the contact information of key staff (Facilitators, Invigilators, Management, Finance etc.) Complete the Key Staff Contact Form and attach as annexure E3			

F. QUALITY MANAGEMENT SYSTEMS

F1	Attach your Staff Recruitment and/or Selection policy as Annexure F1			For use by the ICB
F2	Attach your Staff Performance Management policy and procedure as Annexure F2			
F3	Attach your Staff Disciplinary and Appeals policy and procedure as Annexure F3			

F4	Attach your Staff Grievance policy and procedure as Annexure F4		
F5	Attach your Student Disciplinary and Appeals policy and procedure as Annexure F5		
F6	Attach your Student Grievance policy and procedure as Annexure F6		

H. OCCUPATIONAL HEALTH AND SAFETY

H1	Does your organisation comply with occupational health and safety regulations?	YES	NO	For use by the ICB
H2	If yes, attach your OHS policy/regulations as Annexure H2			
H3	Attach your OHS compliance certificate in accordance with the Occupational Health and Safety Act as Annexure H3			
H4	If no, please advise reasons on your company letterhead as Annexure H4			

I. ICB QUALIFICATIONS OFFERED

I1	Please indicate the qualification(s) that you intend to offer and the number of students that you intend to train per annum (this is an estimate only).		
	NAME OF QUALIFICATION	SAQA ID	NUMBER OF STUDENTS
	National Certificate – Bookkeeping- NQF L3	58375	
	FET Certificate – Bookkeeping-NQF L4	58376	
	National Diploma – Technical Financial Accounting-NQF L5	36213	
	National Diploma – Financial Accounting-NQF L6	20366	
	Certificate – Office Administration-NQF L5	23618	
	Higher Certificate – Office Administration-NQF L5	23619	
	Diploma – Office Administration-NQF L6	35958	
	National Certificate – Small Business Financial Management-NQF L4	48736	

J. FINANCIAL VIABILITY

J1	What steps have been taken to ensure that your organisation has sufficient funding to deliver the qualification/s effectively?	For use by the ICB
J2	<p>Attach relevant documentation as Annexure J2 in order to support financial viability:</p> <ul style="list-style-type: none"> • Latest audited financial statements • Last 3 months bank statements • OR if new, any of the below: • Business plan for 5 years • Budget • Cash flow • 3 months bank statement 	

Please Note: Applicants who do not meet the ICB accreditation financial viability requirements will be subjected to an additional requirement of pre-paid credit before they can get accredited.

PRE-PAID CREDIT:

- The applicant will be required to pre-pay their ICB account with R20,000 - R50,000 before getting accreditation approval (the pre-paid credit gets refunded if you do not get accredited). applicants will be able to use this credit for ICB fees, i.e. exam bookings, student registration fees, admin fees etc. However, you would need to maintain or top-up the credit balance to its full value by the billing date.
- This credit serves as security should your organisation suddenly find itself in a position where it's unable to continue operating or pay its fees with the ICB. The accreditation cannot be granted without this credit being paid upfront.

K. TRAINING RESOURCES AND STUDENT SUPPORT

K1	<p>Describe the facilities that will be available to each student (e.g. desks, computers, training aids, internet etc.) as Annexure K1</p> <p>Describe any other forms of student support provided by your organisation e.g. Helplines, tuition support etc. as Annexure K1</p>	For use by the ICB
K2	<p>Are you able to provide access for disabled students?)</p> <p>Do you have a special needs student policy?</p>	
K3	<p>Confirm course material to be used. (eg: Own/Edge, other).</p> <p>Note that own material will require ICB's prior approval.</p>	

K4	Describe the support offered to slow learners and at-risk students		
K5	Insert your student Induction Programme as Annexure K5		
K6	Describe the provision made by your organisation for the examination of students. (eg: availability of venues, invigilators)		

LIST OF ANNEXURES

No.	Description of requirements	Initial As added
	REMINDER: Please initial each page of the ICB Policies & Procedures as read and understood.	
1	ICB Theory Provider Standard Operating Procedures Agreement	
2	ICB Assessment Policy	
3	ICB Exam Invigilation and Irregularity Policy	
4	ICB Provider Quality Monitoring Visit Policy	
5	ICB Provider Portal User Registration form	
6	ICB Provider Portal User Guide	
7	ICB Learnership Policy and Procedures	
8	Proof of Accreditation fee	

A10	Lists of additional sites / branches	
A11	Proof of ownership of sites or lease agreement/s	
B1	SARS Notification of Registration/ Tax clearance certificate	
B2	Proof of payment of Skills Development Levy (SDL) or SDL exemption letter	
B3	Company registration documents	
B4	Proof of ID(s) for ALL Director(s)/Member(s)/Trustee(s)	
B5	Work permit(s) (where applicable)	
D2	Proof of registration with another ETQA or QAP	
D5	Proof of Registration/Application with DHET	
D6	QCTO recommendation letter	
E1	Organisation flowchart/ organogram	
E3	Key staff contact form	
F1	Staff Recruitment and Selection policy	
F2	Staff Performance Management System	

F3	Staff Disciplinary Policy	
F4	Staff Grievance Policy	
F5	Student Disciplinary Policy	
F6	Student Grievance Policy	
H2	Occupational Health and Safety Regulations/ Policy (OHS)	
H3	OHS Compliance Certificate	
H4	Letter advising why no OHS in place	
J2	Financial Viability: Audited Financial Statements 3 months bank statements in the name of the /organization entity Should the business be starting up or the above do not support financial viability we shall require: Business Plan – 2 years and/or Budget and/or Cash Flow Forecast and/or A Bank Guarantee of R15 000.00 (if requested)	
K1	List of facilities for students and other forms of student support	
K5	Student induction programme	

DECLARATION

1. We hereby confirm that this document has been completed accurately and truthfully.
2. We hereby confirm that the ICB Policies, procedures and documents as listed, have been read, understood and agreed to. We have initialled each page to this effect.
3. We hereby declare that we have obtained a letter of recommendation from QCTO for the ICB programmes we are applying to be accredited for.

PROVIDER APPLICANT

THUS AGREED and SIGNED by:

_____ (Name and Surname) representing THE PROVIDER at

_____ on this the _____ Day of _____ 20 _____.

SIGNED _____

POSITION HELD IN COMPANY: _____

PROVIDER ICB CHIEF INVIGILATOR

I hereby agree to perform the role and function of CHIEF INVIGILATOR for ICB exams at the organisation/entity and acknowledge that I will be held accountable should the ICB exam policies and procedures not be adhered to. I further confirm that I cannot invigilate ICB exams if I facilitate ICB classes.

THUS AGREED and SIGNED by:

_____ (Name and Surname) representing THE PROVIDER at

_____ on this the _____ Day of _____ 20 _____.

SIGNED _____

POSITION HELD IN COMPANY: _____

AS WITNESSES

NAME & SURNAME: _____ SIGNATURE: _____
Position Held: _____

NAME & SURNAME: _____ SIGNATURE: _____
Position Held: _____

For use by the ICB

Checked By:	Date:	Signature:
Approved By:	Date:	Signature: