



# APPLICATION FOR ACCREDITATION AS AN ACCREDITED WORKPLACE PARTNER

## APPLICATION FOR ACCREDITATION AS AN ACCREDITED WORKPLACE PARTNER

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

1. Provider Quality Monitoring Visit- Policy, Procedure and Forms
2. Learnerships policy and procedures

## PROCEDURE FOR ACCREDITATION

Please complete the application in duplicate and retain a copy for your records. Submit all the required documentation as per the list of ANNEXURES and keep a file of supporting documents which will be reviewed during the initial site visit. The accreditation application fee, however all workplace accredited partners are required to pay an annual accreditation renewal fee which is payable every year in January

This application is for a two-part evaluation:

- 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 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 applicant will be given 1 month to address the findings per the signed "Requirements for provider accreditation" document. Thereafter the applicant will be advised on the outcome of the accreditation.
- **Please note that learnerships may not begin prior to accreditation being granted**

This means that the accreditation process can take, on average, between 1 and 6 months.

## QUALITY MANAGEMENT

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

## **POLICIES AND PROCEDURE**

Company Policies and procedures will be viewed at the Organisation's premises during the initial monitoring visit, and need to match policy and procedures as per the Annexure list. ICB's comments about the Policies and Procedures are to be recorded on this application during the monitoring visit.

Supporting documentation, policies and procedures in sections "C", "D", "E", "I", "K", "L", and "M" are to be submitted with this application.

### **List of abbreviations**

CIPC	Companies and Intellectual Property Commission
CV	Curriculum Vitae
ETQA	Education and Training Quality Assurer
FASSET	Finance and Accounting Services Sector Education and Training Authority
QASP	Quality Assurance Service Provider
SETA	Sector Education and Training Authority
AWP	Accredited Workplace Partner
WP	Workplace Partner

### APPLICANT DETAILS

A1	Organisation Name			For use by the ICB
A2	Trading Name (if different from organisation name)			
A3	Physical Address			
A4	Postal Address			
A5	Telephone number			
A6	Fax Number			
A7	Website address			
A8	Describe the nature of your business			
A9	Business Classification - Standard Industrial Classification code (SIC)			
A10	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	
A11	GPS co-ordinates: to be shown in degrees/ minutes/ seconds format. Do not show symbols. E.g. ICB is <b>-33 56 42.616, 18 28 40.202</b>			
A12	Does this application cover more than 1 site? If yes, provide details of all additional sites as Annexure A12			
A13	Are the premises owned or leased? Attach Proof of ownership or lease agreements for sites of delivery. Attach as annexure A13			
A 14	When are the learnerships scheduled to start?			
A15	Indicate whether you are applying as a *theory provider as well	Workplace Partner (only)- Learnerships		
		Combination of theory and workplace partner		

***\*If applying as a theory provider as well, the “Accreditation application- theory provider” must be submitted together with this application but showing only information that differs. Please note that this additional application attracts its own fee.***

#### CONTACT DETAILS

Please provide details of the person who is directly <b>responsible for the accreditation application</b> of the organization.		For use by the ICB
B1	Title	
B2	First names	
B3	Surname	
B4	Position	
B5	Physical address (if different from the address in A3 above)	
B6	Postal address (if different from the address in A4 above)	
B7	Telephone no	
B8	Cell phone no	
B9	Fax no	
B10	Email address	

#### ORGANISATIONAL STRUCTURE

C1	Attach an organogram that shows the structure of your organization including employee's names and positions as annexure C1. <b>All staff to be included</b>	
C2	ID copies of Directors/ Members/Trustees as Annexure C2	
C3	If non-SA citizen, please attach copy of work permit/s as Annexure C3	
C4	Supply a list of mentors who will be mentoring the learners. Complete the key staff contact form and attach as annexure C4	
C5	Attach the company registration documents reflecting both the organization details and director information as annexure C5	

### PROFESSIONAL AFFILIATION AND COMPLIANCE

D1	Has your organization 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 attach the letter of request to offer learnerships that was sent to your SETA as Annexure D3.			
D4	Indicate to which SETA your organization belongs/pays SDL levies. (eg: ICB=FASSET)			
D5	Have you paid your Skills Development Levy (SDL)			
D6	If "Yes" please indicate which SETA and attach proof as Annexure D6			
D7	If "No" please provide proof as Annexure D7 of the submission of your Application to Register for SDL / PAYE with SARS.			
D8	If exempt please provide proof as Annexure D8 of an official letter from SARS.			

### QUALITY MANAGEMENT SYSTEM

E1	Attach your Staff Recruitment and/or Selection policy as Annexure E1			For use by the ICB
E2	Attach your Staff Performance Management policy and procedure as Annexure E2			
E3	Attach your Staff Disciplinary and Appeals policy and procedure as Annexure E3			
E4	Attach your Staff Grievance policy and procedure as Annexure E4			
E5	Attach your staff induction policy as Annexure E5			

### OCCUPATIONAL HEALTH AND SAFETY

F1	Does your organization comply with occupational health and safety regulations?	YES	NO	For use by the ICB
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F2	If yes, attach your OHS policy/ regulations as Annexure F2		
F3	Attach your OHS compliance certificate in accordance with the Occupational Health and Safety Act as Annexure F3		
F4	If no, please advise reasons on your company letterhead as Annexure F4		

#### ICB LEARNERSHIPS TO BE OFFERED

G1	Please specify the Learnership(s) that you intend to offer and the number of learners that you intend to train per annum (this is an estimate only).		
NAME OF LEARNERSHIP	LEARNERSHIP REGISTRATION NUMBER	NUMBER OF STUDENTS	
Junior Bookkeeper	01/Q010027/26/120/3		
Senior Bookkeeper	01/Q010028/28/130/4		
Technical Financial Accounting	01/Q010022/28/251/5		
Public Sector Accounting National Certificate	01/Q010019/00/120/4		
Public Sector Accounting Diploma	01/Q010020/00/240/5		
Office Administration	01/Q010021/00/120/5		
Senior Office Administrator	01/Q010040/00/240/5		
Small Business Financial Management	01/Q010023/24/120/4		

#### FINANCIAL STATUS

H1	What steps have been taken to ensure that your organisation has sufficient funding to deliver the Learnership effectively?	For use by the ICB
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H2	<p>Attach relevant documentation as Annexure H2 in order to support financial viability: Examples of options:</p> <ul style="list-style-type: none"> <li>• Minutes of a Board Meeting allocating funds to the Learnership</li> <li>• An official letter from senior management indicating amounts allocated to the Learnership</li> <li>• Training Budget</li> <li>• Latest audited financial statements</li> <li>• Last 3 months bank statements</li> </ul>	
H3	SARS <b>Notice of Registration</b> as Annexure H3 (Applicants outside of SA must attach the tax clearance certificate as annexure H3)	

#### TRAINING RESOURCES

I1	Describe the facilities that will be available to each student (e.g. desks, computers, training aids etc.) as Annexure I1	For use by the ICB
I2	Are you able to provide access for disabled students?	
I3	Confirm course material to be used. (eg: Own/Edge, other)	
I4	Describe any other training/support facilities that will be available to students (e.g. library, internet access, extra lessons etc.)	

#### LEARNERSHIP ADMINISTRATION

J1	Describe any other forms of learner support provided by your organisation e.g. Helplines, mentor or tutor support etc. as Annexure J1	For use by the ICB
J2	Please provide a copy of the Learnership implementation plan as annexure J2	
J3	Describe the provision made by your organization for the training of mentors (for their mentorship roles) as Annexure J3 or provide proof that the training has taken place	

J4	<p>Please insert your organization's Assessment Policy as Annexure J4. At a minimum the policy must make provision for the following:</p> <ul style="list-style-type: none"> <li>• Time off for assessments</li> <li>• Re-assessment</li> <li>• Appeals and grievance procedures</li> <li>• Learner/ Employee support</li> </ul>	
J5	<p>Advise the name of the ICB accredited Theory Training Provider/s used to offer the theoretical component.</p>	

#### LIST OF ANNEXURE'S

No.	Description of requirements	Initial As added
	<b>REMINDER:</b> Please initial each page of the ICB Policies & Procedures as read and understood.	
1	ICB Provider Quality Monitoring Visit- Policy, Procedure and Forms	
2	ICB Learnership Policy and Procedures	

A12	Lists of additional sites / branches	
A13	Proof of ownership of sites or lease agreement/s	
C1	Organisation flowchart/ organogram	
C2	Proof of ID(s) Director(s)/Member(s)/Trustee(s)	
C3	Work permit(s) (where applicable)	
C4	Key staff contact form	
C5	Company registration certificate	
D2	Proof of registration with another ETQA or QAP	
D3	Extension of scope letter	
D6	Proof of payment of Skills Development Levy (SDL)	
D7	Application to register for SDL/PAYE	
D8	SARS declaration – Exempt from SDL	
E1	Staff Performance and selection policy	
E2	Staff Performance Management System	
E3	Staff Disciplinary Procedure	
E4	Staff Grievance Policy	



E5	Staff induction programme	
F2	Occupational Health and Safety Regulations/ Policy (OHS)	
F3	OHS Compliance Certificate	
F4	Letter advising why no OHS in place	
H2	Financial Viability	
H3	SARS Notice of Registration/ Tax Clearance Certificate	
I1	List of facilities for students	
J1	Other forms of learner support	
J2	Learnership administration/implementation policy	
J3	Mentors trained or mentoring plan	
J4	Assessments Policy	

## 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 initialed each page to this effect.

## APPLICANT

THUS AGREED and SIGNED by:

\_\_\_\_\_ (Name and Surname) representing THE ORGANISATION at

\_\_\_\_\_ on this the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_.

SIGNED \_\_\_\_\_

POSITION HELD IN ORGANISATION: \_\_\_\_\_

For use by the ICB

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