



BRANCH ACCREDITATION APPLICATION- ACCREDITED WORKPLACE PARTNER

All branches intending to offer ICB's learnerships are required to first be accredited to offer them.

PROCEDURE FOR ACCREDITATION

- The Head Office is to complete the application below in duplicate and retain a copy for your records.
- Submit the required documentation as per the *List of Annexures*.

Applications for branch accreditation will be considered by the ICB upon receipt of this *completed application form, all required supporting documentation*. Feedback will be given within 10 working days as follows:

- If the application does not meet the ICB criteria, we will request additional documentation/information. The applicant has 10 working days to submit this.
- The second submission will be reviewed by the ICB within 5 working days and either approved or deemed unsuccessful.
- Should it be approved i.e. ICB is satisfied that the desktop evaluation has met the required criteria, we will schedule a monitoring site visit to evaluate the available resources and premises for suitability, within 1 month.
- One opportunity will be given to remedy any findings arising out of the monitoring visit, within 10 working days. Permission for a reasonable extension of the time may be requested in writing.
- Final outcome will be advised in writing.
- Even if the application is deemed unsuccessful.
- The Head Office may appeal against the outcome of the application, in writing to the Academic Board, within 1 month of the outcome.
- Annual accreditation renewal fee is payable in January of each calendar year, which will include the annual accreditation renewal fee applicable for each branch.
- Branches that are approved will be allocated a unique Registration Number and receive an Accreditation Certificate.

BRANCH DETAILS

		For use by the ICB												
A1 Head Office (holding company name)														
A2 Branch name														
A3 Physical Address														
A4 Postal Address														
A5 Telephone number														
A6 Fax number														
A7 Website address														
A8 Geographical Area: Please indicate in which province you operate	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eastern Cape</td> <td style="width: 50%;">Mpumalanga</td> </tr> <tr> <td>Free State</td> <td>North West</td> </tr> <tr> <td>Gauteng</td> <td>Northern Cape</td> </tr> <tr> <td>Kwazulu-Natal</td> <td>Western Cape</td> </tr> <tr> <td>Limpopo</td> <td>Outside SA</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	Eastern Cape	Mpumalanga	Free State	North West	Gauteng	Northern Cape	Kwazulu-Natal	Western Cape	Limpopo	Outside SA			
Eastern Cape	Mpumalanga													
Free State	North West													
Gauteng	Northern Cape													
Kwazulu-Natal	Western Cape													
Limpopo	Outside SA													
A9 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 Are the premises owned or leased? Attach Proof of ownership or lease agreements for sites of Delivery as Annexure A10														
A11 Type	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Accredited Workplace Partner (Learnerships only)</td> <td style="width: 30%;"></td> </tr> </table>	Accredited Workplace Partner (Learnerships only)												
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CONTACT DETAILS

The ICB programme manager (main contact) at the branch		For use by the ICB
B1 Title		
B2 First name		
B3 Surname		
B4 Position		
B5 Physical Address (if different from the address above)		
B6 Postal Address (if different from the address above)		
B7 Telephone number		
B8 Cell phone number		
B9 Email Address		

BRANCH STRUCTURE

C1 Attach an organogram that shows the structure of your branch including employee's names and positions as Annexure C1. All staff to be included.		For use by the ICB
C2 Supply a list of names of the managers who are going to be mentoring the ICB learnership program. Complete the key staff contact form as annexure C2		

OCCUPATIONAL HEALTH AND SAFETY

D1 Does your branch comply with occupational health and safety regulations?	YES	NO	For use by the ICB
D2 If yes, attach your policy and certificate in accordance with the Occupational Health and Safety Act as Annexure D2			
D3 If no, please advise reasons on your company letterhead as Annexure D3			

ICB LEARNERSHIPS OFFERED

E1 The learnership(s) which the branch is to be accredited for, are the same as the Head Office's? If 'no' please advise		For use by the ICB
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FINANCIAL RESPONSIBILITY

F1 The Head Office is responsible for settling any and all amounts owed on behalf of the branch, if not paid.		For use by the ICB
Note: If "No" in F1 above, this application is likely to be declined but an explanation may be provided here. Who must invoices be addressed and sent to? F2 The Head Office or the Branch?		
F3 If "Branch" in F2 above, please attach SARS Notification of Registration (Tax Clearance certificate if outside of SA) as Annexure F3		
F4 If "no" in F1 is accepted, the ICB shall thereafter ask for relevant documentation as Annexure F4 in order to support the branch's financial viability: <ul style="list-style-type: none"> • Business plan for 2 years or • Budget or • Cash flow Note: ICB may request a Bank Guarantee after assessing this application.		

TRAINING RESOURCES

G1 Describe the facilities that will be available to each student (e.g. desks, computers, training aids etc.) as Annexure G1		For use by the ICB
G2 Describe any other training/support facilities that will be available to learners (e.g. library, internet access etc.)		
G3 Are you able to provide access for disabled students?		

LEARNERSHIP ADMINISTRATION INFORMATION

H1 Confirm theory training provider for the learnership		
H2 Describe the provision made by your branch for the examinations of students. For example, arrangement for learners to attend classes at theory training provider, leave allocation for writing ICB exams etc.		

QUALITY MANAGEMENT

	Initial
I1 The Head Office must ensure that their own policies and procedures are in place at their branch to ensure that quality education, training, and development takes place.	
I2 the Head Office is fully responsible for quality management of their branch should	

any concerns or disputes arise.	
I3 ICB policies, procedures and documents as listed in "List of Annexures" below, are to be read, understood, agreed to and therefore initialled and/or signed on every page by <i>the branch</i> .	

LIST OF ANNEXURES

This application is on the basis that the following ICB documents have been read and signed by the branch and signed copies are returned to the ICB:

ICB POLICIES AND PROCEDURES ANNEXURES		
Number	Description of requirements	Initial
1	Provider Quality Monitoring Visit- Policy, Procedure and Forms	
2	ICB Learnership Policy and Procedures	
BRANCH ANNEXURES		
A10	Proof of ownership of sites or lease agreements	
C1	Organisation flowchart/ organogram	
C2	Key staff contact form	
D1	Occupational Health and Safety Certificate	
D2	Letter advising why no OHS	
F3	Tax Clearance Certificate	
F4	1. Business plan for 2 years 2. Budget 3. Cash flow 4. A bank guarantee (if requested)	
G1	List of facilities for students	
E2	Occupational Health and Safety (OHS) - proof	

DECLARATION

I hereby confirm that this document has been completed accurately and truthfully. Thus, agreed and signed by:

_____ (Name and Surname) representing the workplace partner
at _____ on this the ____ day of _____ 20 ____.

SIGNED _____

Position held in organisation: _____

As witnesses:

Name: _____ Signature: _____

Name: _____ Signature: _____

