



ICB LEARNERSHIP EXTENSION APPLICATION

- WORKPLACE PROVIDERS

PROCEDURE FOR ADDING AN ICB LEARNERSHIP PROGRAMME TO PROVIDER'S ACCREDITATION

- Please complete the application below in duplicate and retain a copy for your records.
- Submit the required documentation
- An administration fee of **R790** is payable for a learnership/programme extension application. If a VAT invoice is required please request one from the ICB.

Applications for additional learnership programmes will be considered by the ICB upon receipt of this completed application form, the required supporting documentation and proof of payment of the fee. You will be given feedback within 10 working days as follows:

- If the application does not meet the ICB criteria, additional documentation/information will be requested to support the application. The provider 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 with the final outcome advised in writing.
- Even if the application is deemed unsuccessful, the application fee is non-refundable.
- Providers may appeal against the outcome of the application, in writing to the Academic Board, within 1 month of the outcome.
- A set annual accreditation renewal fee is payable in January of each calendar year, regardless of the number of learnership/programmes a Provider offers.
- Providers whose scopes are extended will receive an updated Accreditation Certificate.

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 ICB.

POLICIES AND PROCEDURE

Company Policies and procedures may be viewed at the Organisation's premises during the initial monitoring visit, should the organisation not wish to submit the relevant policies and procedures as per the Annexure list. In this case however, the organisation will need to submit a written request to the ICB for consideration. ICB's comments about the Policies and Procedures are to be recorded on this application during the monitoring visit.

List of abbreviations

CIPC	<i>Companies and Intellectual Property Commission</i>
CV	<i>Curriculum Vitae</i>
ETQA	<i>Education and Training Quality Assurer</i>
FASSET	<i>Finance and Accounting Services Sector Education and Training Authority</i>
QAP	<i>Quality Assurance Partner (now referred to as AQP Assessment Quality Partner)</i>
SETA	<i>Sector Education and Training Authority</i>

PROVIDER DETAILS

Organisation or Branch name (An application must be completed for each branch applying for extension of qualification) as per CIPC documentation A2 Trading name/known as name				For use by the ICB
A3 Physical Address				
A4 Telephone number				
A5 Reconfirm the type of tuition i.e. delivery method		Face-to-Face (classroom based)		
		Distant Learning		

CONTACT DETAILS

Please provide details of the person who is applying for the extension of scope		
B1 Title		
B2 First names		
B3 Surname		
B4 Position		
B5 Telephone no		
B6 Cell phone no		
B7 Email address		

C1 Please tick the **additional** qualification(s) that you are applying to offer:

NAME OF LEARNERSHIP	FASSET LEARNERSHIP CODE	TICK
Junior Bookkeeper	01/Q010027/26/120/3	
Senior Bookkeeper	01/Q010028/281/30/4	
Technical Financial Accounting	01/Q010022/28/251/5	
National Certificate: Public Sector Accounting	01/Q010019/00/120/4	
Diploma: Public Sector Accounting	01/Q010020/00/240/5	
Junior Office Administrator	01/Q010021/00/120/5	
Senior Office Administration	01/Q010040/00/240/5	
Small Business Financial Manager	01/Q010023/24/120/4	

A1 Supply a list of the managers who are going to be mentoring the additional ICB learnership programmes		
A2 Supply CV's of the managers as annexure A2		

LIST OF ANNEXURES

Number	Description of requirements	Initial
B1	List of mentor and qualification/s that they will mentor	
B2	Copies of CV of the mentor	

DECLARATION

I hereby confirm that this document has been completed accurately and truthfully.

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: _____ Signature: _____

Name: _____ Signature: _____