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|  ICB INTERNATIONAL CERTIFICATIONS FOR BUSINESS | Policy Name: | Qualification/Programme Extension application for Theory Providers |
| | Policy Number: | 2023.2022.v1 |
| | Approved: | 20 January 2022 |
| | Expiry Date: | 20 January 2023 |

This application does **not apply to franchise-owned** campuses/branches. Franchise-owned campuses must follow the **full accreditation** application process for new providers.

PROCEDURE FOR ADDING A QUALIFICATION/ICB 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 **R900.00** is payable before the reviewing process occurs for a qualification/programme extension application. If a VAT invoice is required, please request one from the ICB.

Applications for additional qualifications/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 qualifications/programmes a Provider offers.
- Providers whose scopes are extended will receive an updated Accreditation Certificate.

QUALITY MANAGEMENT

The provider must continue to demonstrate that their policies and procedures are in place to ensure that quality education, training, and development takes place.

PROVIDER DETAILS

| | | | | | | |
|--|---|--------------------------------|--|------------------|--|--|
| | | For use by the ICB | | | | |
| A1 Organisation or Branch name (an application must be completed for each branch applying for extension of qualifications) as per CIPC document. | | | | | | |
| A2 Trading name | | | | | | |
| A3 Physical Address | | | | | | |
| A4 Telephone number | | | | | | |
| A5 Reconfirm the type of tuition i.e. delivery method | <table border="1"> <tr> <td>Face-to-Face (classroom based)</td> <td></td> </tr> <tr> <td>Distant Learning</td> <td></td> </tr> </table> | Face-to-Face (classroom based) | | Distant Learning | | |
| 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 | | |

ICB PROGRAMMES

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

| NAME OF QUALIFICATION | QUALIFICATION NUMBER | TICK |
|--|----------------------|------|
| Financial Accounting Programme Foundation level National Certificate - Bookkeeping | SAQA ID: 58375 | |
| Financial Accounting Programme Intermediate level FET Certificate – Bookkeeping | SAQA ID: 58376 | |

| | | |
|---|----------------|--|
| Financial Accounting Programme Upper Intermediate level National Diploma – Technical Financial Accounting | SAQA ID: 36213 | |
| Financial Accounting Programme Advanced level National Diploma – Financial Accounting | SAQA ID: 20366 | |
| Business Management Programme Foundation level National Certificate – Small Business Financial Management | SAQA ID: 48736 | |
| Business Management Programme Intermediate level Higher Certificate – Office Administration | SAQA ID: 23619 | |
| Business Management Programme Advanced level National Diploma – Financial Accounting | SAQA ID: 20366 | |
| Office Administration Programme Foundation level Certificate – Office Administration | SAQA ID: 23618 | |
| Office Administration Programme Intermediate level Higher Certificate – Office Administration | SAQA ID: 23619 | |
| Office Administration Programme Advanced level Diploma – Office Administration | SAQA ID: 35958 | |

HUMAN RESOURCES-FACILITATORS

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|----|--|--|--|
| A1 | Supply a list of the facilitators who are going to be teaching the additional ICB qualification/s as well as the qualification they will be lecturing as annexure A1 | | |
| A2 | Supply CV's of the facilitator/s who are going to be teaching the additional ICB qualification/s as annexure A2 | | |

LIST OF ANNEXURES

| Number | Description of requirements | Initial |
|--------|--|---------|
| B1 | List of facilitators and qualification/s that they will facilitate | |
| B2 | Copies of CV of the facilitators | |

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: _____