



Accreditation Programme Evaluation form

(This form is for providers applying for accreditation from SASSETA, as well as providers accredited with other ETQA's seeking programme approval from the SASSETA)



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**PLEASE FILL IN A FORM FOR EACH LEARNING PROGRAMME THAT
YOU WISH TO BE ACCREDITED TO OFFER**

This form can be utilised for all learning programmes including learnership and skills programmes.
Each of the questions relate to the criteria for accreditation.

1. Provider information

1	Date of submission to SASSETA			
2	Official name of education and training provider			
3	Telephone Number	Area Code	Number	
4	Fax number	Area Code	Number	
5	E-mail address (please print clearly)			
6	Postal Address			
				Postal Code
7	Physical Address			
				Postal Code
8	Name of contact person			
9	Position in organisation			
10	Contact telephone number	Area Code		
11	Contact fax number	Area Code		
12	Contact e-mail address (Please print clearly)			
13	Contact cell number			
14	Do you use your own sites for the provision of education and training?	Yes, we use our own sites	We use our own sites, as well as different sites that are not our own	We always use sites that are not our own

15	Please list the sites that you use for education and training purposes.			
	Sites that are our own	Physical Address	Contact Person	Contact Number
	Sites that we use regularly	Physical Address	Contact Person	Contact Number
	Sample of some of the sites we have used if always different	Physical Address	Contact Person	Contact Number
16	Are you accredited with the SASSETA ETQA?	Yes	No	
17	If yes, please provide your accreditation status	Applying for accreditation	Accredited	Provisionally accredited
18	If accredited with SASSETA, what is your reference number?			
19	If accredited with <i>another</i> ETQA, please name the ETQA			

20	If accredited with another ETQA, please provide your accreditation number, attach proof of accreditation		
21	If in the process of being accredited with another ETQA, please name the ETQA		
22	If in the process of being accredited with another ETQA, please provide your reference number		
23	Are there other providers involved in the delivery of your programmes?	Yes	No
24	If yes, please provide their details below:		
	Name of Provider(s)	Contact Details	Accreditation Status
25	Are there workplaces that are part of the delivery of this programme?	Yes	No
26	If yes, please provide their details below:		
	Name of Provider(s)	Contact Details	

2. Programme information

2.1. Relationship between programme and outcomes

27	What is the title of your programme?		
28	At the end of the programme, learners will have (please tick the relevant box below)		
	Full qualification (this includes both a qualification based on unit standards or a whole qualification)	Part qualification (unit standards)	Agreed upon outcomes with a clear plan in place to align the programme to unit standards or qualification when these are registered with the NQF, (non-aligned, short course)
29	Is the programme NQF aligned?	Yes (proceed to 2.1.1.)	No (proceed to 2.1.2.)

2.1.1. Programme is NQF aligned

30	If yes, please provide the following relevant information:	
	Title of qualification	
	Level	
	Credits	
	Learnership title	
	Learnership registration status	
	Skills programme title	
	Skills programme registration status	

31	Where applicable, please list the following:				
Title of Standards	US Number	Level	Credits		

2.1.2. Programme is outcomes-based but not NQF aligned

Please complete this section only if the learning programme is not based on unit standards and/or qualifications registered on the NQF

32	Please explain why the programme is not based on registered unit standards and/or qualifications by selecting one of the boxes below:			
	There are currently no unit standards and/or qualifications available	There are standards/ qualifications available but we have not yet adapted the programme accordingly	We are unsure whether or not there are standards/qualifications available	Other (please specify in the lines below)

2.2. Exit outcomes

33	Please list the overall exit outcomes (maximum of 7) if the programme use a skills programme (or another type of short course) below:	Please list the exit level outcomes of the qualification if the programme is a learnership (or another learning programme leading to a qualification) below:

2.3. Specific outcomes

This step assists you as a provider to assess whether your programme will enable learners to be assessed against the specific outcomes of the unit standards. This does not suggest that there should be a one-to-one relationship between each learning block (or module) and a unit standard or specific outcome. One learning block (or module) could lead to a number of specific outcomes across different unit standards. However, this step should enable you as a provider to assess whether there are areas that require additional attention in your programme in order to enable the learner to be assessed against the full unit standard(s).

34 Please state the specific outcomes of each learning block (or module) and map these against the relevant unit standards.					
	Titles of Modules	Learning block or module outcomes	Unit standards (specific outcomes)	Unit standards titles	Unit standards numbers

2.4. Purpose of the learning programme

35	What is the purpose of your programme? Please include reference to potential learning and career pathways in the lines below:

3. Content methods and learning materials

36	Please provide your programme outline and indicate how your programme is delivered (you can either provide this information in the lines provided or attach your outline to this document)

4. Assessment methods

4.1. Assessment methods used during the programme

37	Please provide a broad description of the assessment methods that you use during the programme (formative assessments) and then indicate the frequency of assessment, task types, nature of evidence and feedback mechanisms in the section below:
	Broad description of assessment methods:

38	Frequency of assessment	Task Types (simulation, practical demonstration, written assignments, exams, etc)	Nature of evidence required	Feedback mechanisms (how assessment results are fed back to learners and resultant support)



39	Please provide a broad description of the assessment methods that you use at the end of the programme, including the format of the final assessment, (summative assessments) and then indicate the frequency of assessment, task types, nature of evidence and feedback mechanisms in the section below:
	Broad description of assessment methods:



40	Frequency of assessment	Task Types (simulation, practical demonstration, written assignments, exams, etc)	Nature of evidence required	Feedback mechanisms (how assessment results are fed back to learners and resultant support)

4.2. Moderation of assessment

41	Is the assessment moderated?	Yes	No
42	If yes, is this an external or internal moderation process?	Internal	External
43	Please describe how moderation is conducted (e.g. what size is the sample of assessments moderated, etc)		

5. ETD Practitioners

5.1 Facilitators

Please list all full-time staff as well as contract staff that are involved in this particular programme as per the table below:						
44	Name of trainer	Full-time, part-time or contract	Programme Module that ETD is responsible for	Qualifications	Experience (Please include experience that pertains to ETD activities as well as experience in field)	Plan for upgrading where required

5.2 Assessors

Please list all full-time staff as well as contract staff that are involved in this particular programme as per the table below:							
45	Name	Full-time, part-time or contract	Relevant qualifications and standards	Experience in both assessment and field of assessment	Registration number (where applicable)	Date registered (where applicable)	Plan for upgrading where required

5.3 Moderators

Please list all moderators involved in this particular programme as per the table below:							
46	Name	Internal or external moderator	Relevant qualifications and standards	Experience in both assessment and field of assessment	Registration number (where applicable)	Date registered (where applicable)	Plan for upgrading where required

6. Resources

6.1. Special equipment or facilities

47	Please list any special equipment and facilities that you use in line with special programme requirements

6.2. Partners

48	Please list all partners who provide resources, facilities, sites or assessment and/or moderation activities in support of the delivery of the education and training programme	
	Name of partner	Partner's role/contribution

6.3. Health and safety features

49	Please list any special health and safety features or requirements for the delivery of the programme