

 Form 5

**QCTO EVALUATION INSTRUMENT**

**Phase 2: Programme Delivery Readiness**

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| --- | --- |
| **Legal Name of Skills Development Provider(SDP)** |  |
| **Physical Address (Training Site)** |  |
| **Contact Details**  | **Name of Contact Person**  |  |
| **Contact Number/s** |  |
| **Email Address/s** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification information** | **Qualification / Curriculum Title** | **NQF Level** | **Credits** | **SAQA ID** | **Curriculum Code**  |
|  |  |  |  |  |

**EVALUATION FOR PROGRAMME DELIVERY READINESS**

| **CRITERIA** |  | **Tick(√) in the relevant box** | **REMARKS IN LINE WITH EVIDENCE IS MANDATORY** *(Provide narrative of evidence given)* |
| --- | --- | --- | --- |
| **1.Registration** |  | **Yes** | **No** |  |
|  | **Is the Skills Development Provider (SDP)** |  |  |  |
| 1 Registered as required by the South African law? * (Proof that a company is a Close Corporation/NGO/CET/NPO/Public Institution, provide registration number).
* Valid Tax Compliance Pin (if exempted, provide proof of Tax exemption).
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| **2.Physical Resources** |  |  |  |
|  | **2.1 Does the Skills Development Provider have**  |  |  |  |
|  2.1.1 * A valid and current lease agreement (Signed, valid, authentic and current lease agreement - check the lease agreement duration and if it has not expired).
* Proof of ownership of the premise (Letter from Tribal Authority, Municipal Rates and Taxes)
 |  |  |  |
| **2.2 Does the Skills Development Provider have** |  |  |  |
| 2.2.1 The checklist for knowledge component (Training Inventory/use your own template) according to the Curriculum Document needs completed and provided. |  |  |  |
| 2.2.2 The checklist for practical component (Training Inventory/use your own template/QCTO provided Checklist for Trades) according to the Curriculum Document needs completed and provided. |  |  |  |
| 2.3 Is the Institution already accredited for QCTO Occupational/ Part qualification/s and Skills Programme? 2.3.1 If Yes, Does the SDP have learner uptake on this QCTO Occupational / Part qualification/s and Skills Programme? 2.3.2 If there is no learner uptake provide reasons why the institution is extending its scope. |  |  |  |
| 2.4 How many training rooms and how many learners do they accommodate? (Check the capacity in line with number of qualification applications the SDP that has applied for). |  |  |  |
| 2.5 Learning material aligned to the qualifications curriculum document: * Compare Learning Material Matrix and Curriculum document if all topics are covered.
* Verify existence of learning material cited in the Matrix.

Check for alignment of (Knowledge Modules and Practical Modules of the curriculum document of the qualification applied for) in terms of NQF level, quality outlay of the material and understandability.  |  |  |  |
| **3.Human Resources** |  |  |  |
|  | **Does the Skills Development Provider have**  |  |  |  |
| **MANAGEMENT** |  |  |  |
| 3.1.1Organogram of the institution. |  |  |  |
| 3.1.2 Implementation of effective quality assurance processes by management, (Provide control measure/s e.g. monitoring tool for quality assurance). |  |  |  |
| **FACILITATOR** |  |  |  |
|  3.2.1 Sufficient and competent qualified personnel? * Facilitators qualified as stated in the Curriculum document of the qualification applied for.
* Relevant industry experience to facilitate the qualification applied for.
 |  |  |  |
| 3.2.2 * Curriculum Vitae
* Certified ID copies
* Certified qualifications of the facilitator/s

(Recently certified copies within six months). |  |  |  |
| 3.2.3 Certified ID copies and qualifications of Non-SA facilitators:* Foreign qualifications accompanied by SAQA evaluation report - Recently certified copies six months).
* Valid Work Permit
* Valid Visa/Passport
 |  |  |  |
| 3.2.4 Copy of:* Employment Contract
* Service Level Agreement for each Facilitator.
* Such a contract must be current, signed by both parties.
* The contract should clearly outline the job description/responsibilities of the facilitator in relation to the SDP.
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| **4.Learner Information** **Management System** |  |  |  |
|  | **Does the Skills Development Provider have**  |  |  |  |
| 4.1 Learner Management Information System (LMIS) (Computer & Internet Facilities) LMIS will support Confidentiality and the Protection of Personal Information (PoPI) Act (Refer to the SDP applicant Policies, Practices and Procedures)Availability of back-ups and system security (access control). |  |  |  |
| **5.Policies and Procedures** |  |  |  |  |
|  | **Does the Skills Development Provider have the following in place?** |  |  |  |
| * 1. Relevant policies to govern the management (Implementation and review):
* Governance and Finance;
* Human Resources;
* Training (Teaching and Learning);
* Assessment;
* Certification;
* Appeal;
* Occupational Health and Safety;
* COVID 19 Policy;
* Refund Policy;
 |  |  |  |
| 5.2 Learner support services, before, during and after the training intervention. |  |  |  |
| 5.3 Career pathway mapped and defined to learners (e.g. career pathway map or diagram for the occupational qualification; vertical and horizontal articulation). |  |  |  |
| **6.Occupational Health and Safety**  |  |  |  |  |
|  | **Does the Skills Development Provider?** |  |  | *(Provide detailed narrative of evidence given)* |
| 6.1 Adhere to OHS as per the programme criteria and requirements: * Fire extinguishers serviced and up to date (Sevice date and next service date; and mounted)
* Emergency exits available and clearly marked and not blocked
* Evacuation plans and assembly points are visible
* OHS audit report in place signed by registered OHS inspector(s) and not older twelve than months.
* Venue is accessible for people with disabilities.
* First Aid Kit/Box fully replenished (as evident in content checklist)
* Appointed OHS representatives names, picture and contact details clearly visible (OHS representatives appointment letters according to section 16 and 17 of OHS Act)
* COVID 19 and OHS rules, regulations and guidelines.

  |  |  |  |
| **7.Learner placement** **for workplace experience** |  |  |  |  |
|  | **Does the Skills Development Provider have**  |  |  |  |
| 7.1 A learner placement strategy for workplace experience component?* Memorandum of understanding (MoU)/Declaration/Letter of intent (containing the contact person and contact details of the workplace)
* Signed by both parties – check if MoU clearly defines the deliverables according to workplace component of the qualification as specified on the Curriculum document.
* Availability of logbook according to Curriculum document).
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**SECTION B**

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| **Any other information that is not covered on the evaluation tool.**  | **Comments** |
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**Programme Delivery Readiness Recommendation:** *(For verifier use only)*

**Remarks/ Comments**

**Tick relevant box below:**

Accredited or Declined

**Verifier (SME): ……………………………………. Designated Person (SDP): ………………………………**

**Signature: ………………………………………… Signature: ………………………………………………..**

**Date: ………………………………………………. Date: …………………………………………………**