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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skills Development Provider Name:** |  | | | | | | | | | | | | |
| **Accreditation number** |  | | | | | | | | | | | | |
| **Physical Address:** |  | | | | | | | GPS Coordinate | |  | | | |
| **Name of Contact Person** |  | | | | | | | | | | | | |
| **Contact Numbers** | Cell | | Email | | | | | | | | Tel | | |
|  | |  | | | | | | | |  | | |
| **Accreditation Status:** | From: | | | | Expire: | | | | | | | | |
|  | | | |  | | | | | | | | |
| **Learning Programme to be implemented**  (indicate unit standard/qualification ID, Skills programme code, Learnership code, credits and NQF Level) | Learnership | Skills Programme/Single unit standards | | | | | | | Qualification | | | | |
|  |  | | | | | | |  | | | | |
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|  |  | | | | | | |  | | | | |
| **Confirm by ticking appropriate box** | Did the SDP verify that they have scope for the programme to be implemented | | | **Yes** | | **No** | Did the SDP verify that the programme to be implemented has not expired | | | | | **Yes** | **No** |
| **Implementation dates** | **Start:** | | | | **End:** | | | | | | | | |
|  | | | |  | | | | | | | | |
| **Employer name** |  | | | | | | | | | | | | |
| **Number of learners:** |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **Names of the facilitators** | **1.** | | | | | | | | | | | | |
| **2.** | | | | | | | | | | | | |
| **Physical address of learning sites:** | **Theory site:** | | | | **Workplace site:** | | | | | | | | |
|  | | | |  | | | | | | | | |
| **GPS Coordinates:** |  | | | |  | | | | | | | | |
| **Registration numbers of the ETD Practitioners to be used**  (kindly confirm scope) | **1. 4.** | | | | | | | | | | | | |
| **2. 5.** | | | | | | | | | | | | |
| **3. 6.** | | | | | | | | | | | | |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_