|  |  |
| --- | --- |
| **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 |
|  |  |  |
|  |  |  |
|  |  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_