

**PSETA ACCREDITED SDPS MONTHLY REPORT: COVID-19 REGULATIONS COMPLIANCE**

**UPDATING COMPLIANCE WITH THE DISASTER MANAGEMENT REGULATIONS ESPECIALLY: ANNEXURE E WORKPLACE PLANS REGULATION 16(6)(B)**

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| **Name of SDP:** |  |
| **Physical Address:** |  |
| **Date of reporting:** |  |
| **Month:** |  |
| **Management Rep:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Compliance Officer:** |  |
| **Telephone:** |  |
| **Email:** |  |

We management of *<name of SDP>* hereby declare that:

1. The submitted monthly report on compliance and statistics are a true reflection as per plans put in place to comply with existing Legislation, Regulations and Directives of the Republic of South Africa governing the fight against COVID-19 pandemic;
2. We hereby commit to the efforts of combating the spread of the COVID-19 virus, specifically we will comply to the Directives issued by the Department of Employment and Labour and by the department of Higher Education and Training;
3. We will abide by these rules at all times to ensure safety of our staff members, learners and visitors coming to our premises;
4. We will ensure that the training sites and workplaces where learners will be placed comply with set regulations and protocols;
5. All information submitted to the PSETA is accurate and correct;
6. We will make the premises and any relevant document available to the PSETA or its representative and/or any other authorised official from DHET or QCTO for verification and validation.

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| **Director/CEO/Managing Director** | **Compliance Officer** |
| Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |

| **UPDATING COMPLIANCE WITH THE DISASTER MANAGEMENT REGULATIONS ESPECIALLY:**  **ANNEXURE E**  **WORKPLACE PLANS REGULATION 16(6)(B)** | | | | | | |
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| **Total PSETA Enrolled Learners** | **Delivery Site or Workplace** | **Total number of PSETA enrolled learners returning under Alert Level 3 : since 1 June 2020 / including already returned if any ie maximum of 33%** | **Total number of Learners learning remotely** | **Number of Known/Reported COVID – 19 Cases** | **Level of compliance with Workplace Plans, in terms of Regulation 16(6)(b)**  **From 0-5 ( 5 being fully compliant)** | **Any Comment(s) i.e. reported Covid-19 Deaths?** |
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