



Provider Record

Please note the following:

1. This form should be read in conjunction with the explanatory notes provided.
2. This form must be completed and signed by the person authorised to sign contracts on behalf of the provider. It is this person's details that should be entered in Part 2 of this form
3. **Please note the following statement from the QCTO:** It has been determined that while the QCTO may indeed need to have fees charged to Assessment Quality Partners (AQPs) and others, in the absence of a fee policy it would not be fair to impose fees at this present time. However AQPs and others need to know that once the policy is developed and approved the QCTO will apply the policy, but it will not be applied retroactively. The QCTO would then expect all those effected to align themselves with the policy. The QCTO emphasizes that in developing its fee policy, fairness with regards to the fees and their application will be taken into account.

1. PROVIDER DETAILS

1.1 Registered Name of the Provider: _____

1.2 Registration Number: _____ VAT Number: _____

1.3 Tax number: _____

1.4 Address of the Head Office:

Physical : _____ Postal: _____

1.5 Telephone number/s (landline): () _____

1.6 Fax number/s: () _____

1.7 Email address: _____

1.8 Website address: _____

1.9 Please indicate the learning areas of provision for which you request recording:

Communications Y/N _____ Mathematical Literacy Y/N _____

1.10 Are you a new provider or are you an established provider? If you are an established provider, please indicate how long you have been in operation?

New: Y/N _____

Established provider: Y/N _____ No. of years in operation: _____

1.11 Are you accredited by any organisation for providing the fundamental learning areas? Y/N _____

If so, please name the SETA or quality assurance council and state your accreditation number:

1.12 Please indicate the nature of the provider (as per explanatory notes):

Fixed provider: Y/N _____ Roving provider: Y/N _____

Distance provider: Y/N _____ In-house provider: Y/N _____

Combination provider: Please indicate the combination: _____

1.13 Please indicate the areas of operation (as per the explanatory notes):

National: Y/N _____

Partly national: Please indicate the provinces: _____

Provincial: Please indicate the province: _____

Localised: Please indicate the city/town: _____

2. FACILITATION

2.1 Please provide the names and qualifications of the person responsible for the learning materials development and the person responsible for the quality assurance of provisioning in each learning area.

Communications:

| Name | Qualifications | Responsibility |
|----------------|-----------------------|-----------------------|
| e.g. S Ngwenya | BA – major English | QA |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mathematics:

| Name | Qualifications | Responsibility |
|----------------|-----------------------|-----------------------|
| e.g. S Ngwenya | BSc – Mathematics 2 | Materials Dev. |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

2.2 Please provide copies of the qualifications of the persons mentioned in which their subject matter expertise has been attained.

3. MANAGEMENT DETAILS

Name of responsible person: _____

Position in the organisation: _____

Physical address: _____

Telephone number (landline): () _____ Fax: () _____

Cellphone number: _____

Email address: _____

Please note: The person who signs this form on behalf of the provider is asserting the following:

_____ (name of the provider) is an experienced provider of ABET and has sufficient qualified facilitators to provide facilitation in Foundational Learning Competence in Communications (English) and Mathematical Literacy. Furthermore, I am authorised to sign contracts on behalf of this provider.

Name in Full

Signature

Designation

Date

| | |
|---------------------------------|------------------------|
| For IEB Office purposes: | |
| Payment received: _____ | Provider number: _____ |
| Date recorded: _____ | Signature: _____ |