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74-78 Marshall Street, Marshalltown,
Johannesburg
Private Bag X118, Marshalltown, 2107
Tel: 011 630 3500 Fax: 011 832 1027



MQA

Mining and Minerals SETA

Provider Accreditation Application Form

Submission by the

Education, Training and Quality Assurance

1. Site information

Name of institution	
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Legal status of institution	
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Institutions SDL number	L								
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Institutions VAT registration number	
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Institutions registration number	
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Telephone number		Fax number	
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Postal address

Physical address

Does the institution provide education and training on various sites	Yes	No
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If yes, please provide physical address of sites

Is the institution accredited by a recognized QMS	Yes	No
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If Yes, please indicate to which QMS	
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Date obtained		Review date	
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2. Indicate the form of accreditation sought after

	Education and Training	Assessment	Both
Theoretical			
Practical			
Theoretical & Practical			

3. Indicate the type of accreditation sought after

Provisional Accreditation		Full Accreditation	

4.

Has the institution submitted a Workplace Skills Plan to the MQA	Yes	No
If No, please indicate to which SETA		
Has the institution paid the skills levy to the MQA, for the current year	Yes	No
If No, please indicate to which SETA		
Is the institution accredited by any other SETA	Yes	No
If Yes, please indicate to which SETA		
Has the institution applied for accreditation with any other SETA	Yes	No
If Yes, please indicate to which SETA		
Number of learners on Learnerships		Number of learners in Apprenticeship
Total number of learners		Total number of employees

5. Indicate the main focus areas of the institution

Engineering	Occupational Safety	
Mineral Excavation (Mining)	Occupational Medicine	
Cement, Lime, Aggregate, Sand (CLAS)	Occupational Hygiene	
Metallurgy / Mineral Processing	Integrated Environmental Management	
Assaying / Laboratory Practice	Geology	
Diamond Processing	Evaluation (Project)	
Jewellery Manufacture	Sampling / Technical Valuation	
Mineral Surveying	ABET	
Strata Control / Rock Engineering		

6. Indicate the institutions various training departments

7. Indicate the levels of training provided for

GET BAND	FET BAND				HET BAND			
1	2	3	4	5	6	7	8	

8. Person responsible for overseeing the accreditation process

Name							
Position held							
Telephone number				Fax number			
Cellular number				Email address			

9. Alternative contact person

Name							
Position held							
Telephone number				Fax number			
Cellular number				Email address			

10. Please complete the following table regarding institutions staff

Name	Position	Field of Expertise	ETD Practitioner	Assessor	Moderator	Other (please indicate)

Please complete either section 14 OR 15 depending on whether the institution is applying for accreditation or programme approval

14. Declaration for accreditation

I hereby declare:

- That the institution has not been granted accreditation by any other ETQA
- That the institution has not applied for accreditation by any other ETQA
- That the primary focus of the education and training falls within the scope of the MQA
- That the information provided in this application is accurate and correct
- That the provider code of conduct will be upheld
- That the responsibility, in terms of the Mines Health and Safety Act and Regulations, the Minerals Act and Regulations and any other relevant legislation remains with the institution, company, provider concerned

Signature		Date	D	D	---	M	M	---	C	C	D	D
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15. Declaration for programme approval

I hereby declare:

- That the institution has been granted accreditation by an ETQA
- That the Memorandum of Understanding that exists between the MQA and your SETA has been read and understood
- That the information provided in this application is accurate and correct
- That the provider code of conduct will be upheld
- That the responsibility in terms of the Mines Health and Safety Act and Regulations, the Minerals Act and Regulations and any other relevant legislation remains with the institution, company, provider concerned

Signature		Date	D	D	---	M	M	---	C	C	D	D
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For office use only

Date Received

Received by

Checked by

Data captured

Registration number

Comments

Recommendations, Instructions

Instructions

Date