**Appendix A**



**APPLICATION FOR WORKPLACE OR SITE APPROVAL/EXTENSION FOR ARTISAN TRAINING**

**Company Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Skills levy reg No |  |
| SETA registered with |  |
| Levy paying | Yes |  | No |  |
| New Application |  | Extension of scope/range |  |
| Registration No |  |
| Core Business |  |
| Physical Address | Where the apprentice is placed |
|  |
|  |
|  |
| Site Name / reference |  |
| GPS Coordinates |  |
| Postal address |  |
|  |
|  |
|  |
| Domicillium citandi et executandi | Head Office |
|  |
|  |
|  |
| Tel no |  |
| Fax no |  |
| Contact person |  |
| Position |  |
| Tel no |  |
| e-mail |  |

Workplace Approval History:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previously approved as a workplace for artisan learning ? | Yes |  | No |  |
| Approval by which SETA |  |
| Range of approval for trade training (List Trades.)(including artisan related learnerships, internships and cadetships aligned to List of trades) |  |
|  |
|  |
|  |
|  |
|  |
| Workplace approval number |  |
| Workplace approval period |  |
| Workplace approval evidence to be attached: |

Trades Workplace approval is applied for:

|  |  |  |  |
| --- | --- | --- | --- |
| Trade Title | OFO Code | Number of learners | Mentor / learner ratio |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Self check:

***(Mark with* X *in the appropriate box)***

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| All required tools and equipment available to cover the scope of the workplace component of the trade/s workplace approval is applied for. |  |  |
| Access to material and consumables applicable to the structured workplace learning in the trade/s workplace approval is applied for. |  |  |
| Ability to cover the entire scope and duration of the workplace component (IF NO INDICATE AGREEMENT BELOW) |  |  |
| Formal agreement with other approved workplaces for the rotation of artisan learners (IF APPLICABLE) |  |  |
| Workplace layout and working environment is safe and conducive to effective workplace learning. |  |  |
| Recordkeeping system in place. |  |  |
| Suitably qualified mentors for trade/s workplace approval is applied for. |  |  |
| OHSA/MHSA compliant |  |  |

**Workplace authorized person:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Position: |  | Date: | **DD/MM/CCYY** |

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***(Mark with* X *in the appropriate box)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Workplace audit conducted *(See attached audit checklist.)* | No |  | Yes |  |  |
| **Criteria** | **Yes** | **No** | **Comments** |
| 1. Tax clearance certificate/ letter of good standing from SARS / Gov Dept / SoC
 |  |  |  |
| 1. Identified a committed staff member to maintain records of workplace learning including logbooks.
 |  |  |  |
| 1. Declaration from employer indicating commitment of compliance to relevant legislation applicable to the trade.
 |  |  |  |
| 1. Structured implementation plan indicating timeframes.
 |  |  |  |
| 1. Suitably qualified mentors for trade/s workplace approval are applied for.
 |  |  |  |
| 1. Letter of commitment from the workplace for the duration of the workplace learning required.
 |  |  |  |
| 1. Declaration from employer indicating commitment to compliancy to the OHSA/MHSA.
 |  |  |  |
| 1. Copy of the self-evaluation checklist per trade provided by the SETA/NAMB.
 |  |  |  |
| 1. Workplace able to cover the entire scope of the trade qualification.
 |  |  |  |
| 1. Formal agreement with other approved workplaces for the rotation of artisan learners where applicable
 |  |  |  |
| 1. Mentor / Artisan Learner Ratio acceptable
 |  |  |  |
| 1. Evidence attached of previous workplace approval granted. (where applicable)
 |  |  |  |

Administrator

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workplace Approval recommended | Yes |  | No |  |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  |
| Signature |  |
| Date | **DD/MM/CCYY** |

Quality Assurance Manager SETA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workplace Approval approved | Yes |  | No |  |
| Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date | **DD/MM/CCYY** |

|  |  |
| --- | --- |
| Workplace Approval Number |  |
| Uploaded on to database | Yes |  | No |  |
| Date | **DD/MM/CCYY** | Administrator Signature |  |