**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 |
|  |  |  |  |
|  |  |  |  |
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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** |

**FOR OFFICE USE ONLY**

***(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 | |  | |