

APPLICATION FOR ACCREDITATION

Complete in full and send together with Questionnaire (Annexure A) to ESETA

e-mail:

Organisation Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date of Application: _____

Name of person making application: _____

Designation: _____

List the Courses/Qualification Titles/Units Standards you intend providing training for:

Courses	Qualification Titles	Unit Standards

List the Training Personnel requiring accreditation:

Name	Position / Title	For what courses/qualifications/unit standards

List the companies within the field or industry in which you have trained:

Company	Field or Industry	Type of Training

Outline the target population you will be providing the training to:

Outline the Industry Client (prospects) you will provide training for, and specify contact persons:

Client Prospects	Contact Person	Contact Number

Give a motivation for seeking accreditation:

NOTE:

Please include the following documents with this application and questionnaire:-

Curricular Vitae (CV's) for each of the training personnel requiring accreditation.