

ENERGY SECTOR EDUCATION AND TRAINING AUTHORITY



ACCREDITATION GUIDELINE

A. GENERAL INFORMATION

1. PURPOSE

The purpose of this document is to provide standard criteria and guidelines for accreditation of training providers.

2. SCOPE

The criteria and guidelines are applicable to training providers within the Energy Sector.

3. ACCREDITATION PROCESS – SEE CHAPTER B

A broad outline of the process for accreditation is presented.

4. TRAINING PROVIDER AND ESETA ETQA OBLIGATIONS – SEE CHAPTER C

The ESETA ETQA as well as training providers in the Energy sector have to adhere to statutory requirements as specified in different acts, such as the SAQA Act, Skills Development Act and others.

5. ACCREDITATION CRITERIA - SEE CHAPTER D

The accreditation criteria consists of three components:

- 5.1 Specific Criteria
- 5.2 Required documents/records
- 5.3 Observable evidence

5.1 Specific Criteria

- These criteria specify minimum compliance for all providers within the Energy Sector.
- They are non-negotiable.

5.2 Required documents/records

- It refers to various documents and records which the provider may submit in order to demonstrate compliance with the elements.
- These documents and/or records (written or electronic) will be verified during the ESETA ETQA audit of the training provider.

5.3 Observable evidence

- It refers to further evidence that providers may prepare for compliance with the elements.
- The size of the provider's organization will determine the amount of evidence required. Examples of evidence are given in the Guidelines (Chapter E).

6. ACCREDITATION GUIDELINES - SEE CHAPTER E

- Guidelines are provided, focused on the Accreditation Criteria.
- Guidelines clarify certain concepts and suggest methods of preparing evidence.
- Guidelines must be regarded as suggestions and minimum requirements.

7. PROVIDER APPLICATION FORM - SEE CHAPTER F

- This form must accompany the application for accreditation of the provider.
- It can be submitted in written form, but preferably electronically.

8. ESETA ETQA AUDIT FORM - SEE CHAPTER G

- The ESETA ETQA audit team will use this form during visits to training providers.
- The form is consistent with the Accreditation Criteria.

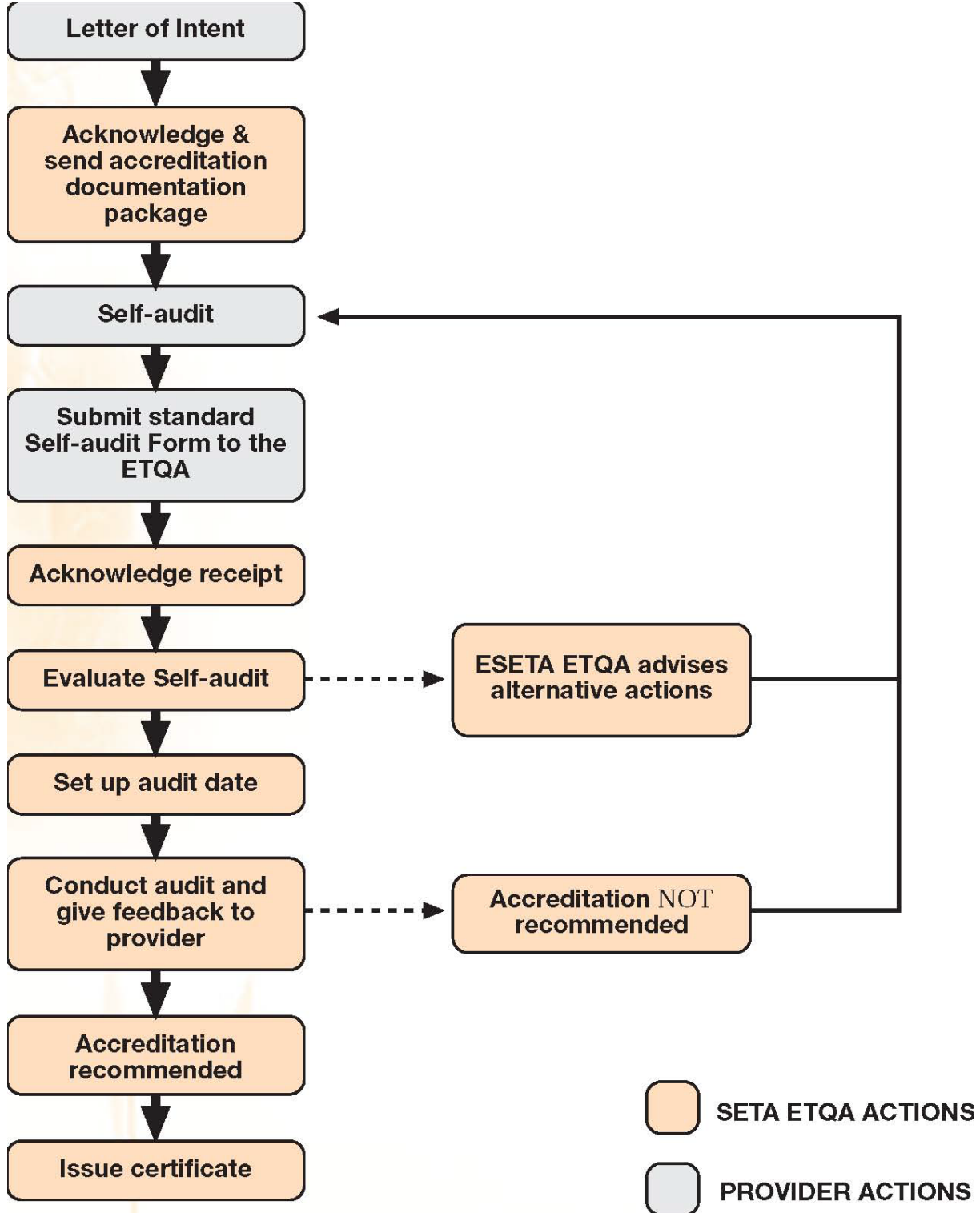
9. **DEFINITIONS AND ABBREVIATIONS - SEE CHAPTER H**

Certain concepts, relevant to the accreditation, are explained.

10. **REFERENCES - SEE CHAPTER I**

References are made to sources used when compiling this document.

B. ACCREDITATION PROCESS



C. SETA ETQA AND PROVIDER OBLIGATIONS

1. PROVIDER OBLIGATIONS:

Providers should:

- 1.1 Ensure that their main training focus is linked primarily to the energy sector.
- 1.2 Not apply for accreditation at another SETA.
- 1.3 Permit the ESETA ETQA to conduct quality audits and have access to the provider's premises.
- 1.4 Adhere to the ESETA ETQA's policies and procedures.
- 1.5 Notify the ESETA ETQA of drastic changes in its business which might influence its quality management policy.
- 1.6 Supply the ESETA ETQA with relevant learner results for updating the NRLD.

2. ESETA ETQA OBLIGATIONS:

The ESETA ETQA should:

- 2.1 Execute its legal responsibilities.
- 2.2 Support the applicant provider in its accreditation application.
- 2.3 Communicate sectoral issues.

D. ACCREDITATION CRITERIA

Chapter E, “Accreditation Guidelines” provides detailed descriptions of all information given in each section below.

SECTION 1 INSTITUTIONAL BACKGROUND

Specific Criteria:

- 1.1 The provider has adequate capacity and is well governed.
- 1.2 The provider is financially viable.

Required documents and records

- Current organisational structure
- Organisational history
- Training focus
- Staffing statistics
- Learner and customer target groups
- Learner capacity
- Financial statements and/or business plan
- Budget

Observable evidence

- Regular updated information
- Application of standard account practices
- Provisioning of funds

SECTION 2: QUALITY MANAGEMENT SYSTEM (QMS)

Specific Criteria:

The provider has an implementable quality management system (QMS) which includes policies, procedures and mechanisms to sustain these.

Required documents and records

- Quality policy and procedures
- The provider's vision and/or mission and/or management objectives
- Quality objectives
- Other relevant policies which should be adhered to
- Roles, responsibilities and authorities of staff
- Quality review documents and records
- Appointment letter of quality representative
- Evaluation reports

Observable evidence

- All relevant training aspects covered in Quality Policy
- Attained and/or revised quality objectives
- Applied quality policies and procedures
- Applied staff roles and responsibilities
- Revised quality practices
- Self-audit
- Identified and closed out non-conformances
- Corrective and preventive actions

SECTION 3: MANAGEMENT OF LEARNING PROVISIONING

Note: *'Learning interventions' refers to the 'training focus' as given in Section 1 (c).*

Specific Criteria:

- 3.1 Learning interventions are offered in line with customer needs.
- 3.2 Learning intervention provisioning is designed to ensure that learning is sustainable.
- 3.3 All learning interventions offered, are outcomes-based.
- 3.4 All learning interventions make provision for Recognition of Prior Learning (RPL), based on unit standards.
- 3.5 Learning interventions meet specified quality criteria.

Required documents and records

- Scope of learning interventions offered
- Unit and other relevant standards
- Planning documents of learning activities
- Standard RPL processes
- Quality requirements/indicators
- Records of learning evaluations

Observable evidence

- Outcomes based learning interventions
- Learning methodologies aligned to customer needs
- Optimally integrated theoretical and practical learning components
- Administrative support
- Planned learning events
- Controlled off-site practical components

SECTION 4: LEARNER SUPPORT

Specific Criteria:

- 4.1 Adequate learner guidance is given to ensure optimal learning.
- 4.2 Learners are entered at correct starting levels.
- 4.3 Learner special needs are catered for.

Required documents and records

- Learner orientation/induction programme
- Learner profiles
- Communication to learners
- Learner feedback documentation

Observable evidence

- Learner support resources
- Learner understanding of requirements for successful completion of intervention
- Contextualised learning focus
- Special needs of learners addressed

SECTION 5: MANAGEMENT OF ASSESSMENT

Specific Criteria:

- 5.1 Assessments are conducted according to Unit Standard ASSMT 01.
- 5.2 The assessment process is moderated.
- 5.3 Only registered assessors may sign off unit standards.

Required documents and records

- Standard assessment procedure
- Assessor and moderation registration
- Assessment planning documents
- Competency assessment documents
- Moderator reports
- Assessment feedback reports
- Assessment appeals
- Assessment instruments
- Assessment results

Observable evidence

- Competent assessors and moderators
- Moderated assessment decisions
- Assessment methods and instruments
- Assessment appeals efficiently processed

SECTION 6: STAFF

Note: 'Staff' refers to permanent and non-permanent employees that form part of the provider's provisioning structure. It includes ETD practitioners, managers and support staff as well as contracted people.

Specific Criteria:

- 6.1 Staff members are competent to perform their roles.
- 6.2 An adequate number of staff exists to address the existing need.
- 6.3 Staff sourcing and utilisation are effectively planned.

Required documents and records

- Skills matrix, compacts and/or contracts
- Staff performance reviews
- Staff competence profile

Observable evidence

- Continually assessed and developed ETDPs
- Effective staff utilization
- Realistic learner:ETDP ratio

SECTION 7: AGREEMENTS AND CONTRACTS WITH STAKEHOLDERS

Note: 'Stakeholder' refers to any party involved in the training system of the provider, for instance learners, customers, contractors and external training providers.

Specific Criteria:

The provider formally determines the stakeholder requirements and executes and reviews the learning.

Required documents and records

- Contracts and formal agreements with individual learners and multi-purpose providers
- Contract reviews and amendments with individual learners and multi-purpose providers
- Performance review reports

Observable evidence

- Outcomes of learning are achieved

SECTION 8: DOCUMENTATION, DATA AND RECORDS

Specific Criteria:

- 8.1 Access to documents, data and records are controlled.
- 8.2 Changes to, and dissemination of documents and data are controlled.
- 8.3 Relevant learner information is recorded.
- 8.4 Documentation system is configured.

Required documents and records

- Documents, data and records procedure
- Types of documents used, data and records
- Retention period procedure
- Access, authorizations and procedures

Observable evidence

- Learner data recorded as per legislative requirements
- Change control is applied
- Data protection against abuse and protected copyrights
- Database integration

SECTION 9: LEARNING MATERIAL, EQUIPMENT, MEDIA AND FACILITIES

Specific Criteria:

- 9.1 Learning materials are aligned to outcomes-based education, training and development (ETD).
- 9.2 Learning facilities conform to OHS Act requirements.
- 9.3 Equipment and media are fit for purpose and in good working order.
- 9.4 Learning material, equipment and media are effectively controlled.

Required documents and records

- Learning materials
- Safety reports
- Learning material and media register
- Asset register
- Learner feedback
- Resource provisioning plan

Observable evidence

- Adequate learning resources
- Accurate test and measuring instruments

E. ACCREDITATION GUIDELINES

SECTION 1 GENERAL INSTITUTIONAL BACKGROUND

Purpose: The purpose of this section is to present a general overview to the ESETA ETQA of the provider's focus, capacity and viability.

a) Current organizational structure

- Use an organogram to indicate the structure and reporting lines.
- Give a short description of the institution's or department's governance, in other words, is it part of a holdings company, is it a closed corporation (CC), does it have company status or is it a department within a larger organisation?
- If applicable, include all CC/Company registration forms.

b) Organisational history

Give a brief description of when and how the institution or department was established and which changes took place to the current date.

c) Training focus

List the different kinds or categories of training provided, for instance Electrical-, Mechanical-, PC training, ABET, etc.

d) Staffing statistics

Give the following statistics:

- Number of managers and supervisors
- Number of ETD practitioners
- Number of support staff
- Description and number of any other staff
- Total staff complement

e) Learner- and customer target groups

Give a description of your learner sources, in other words, where they are recruited from. It may include listing of organizations / departments where learners are being employed.

e) Learner capacity

Indicate how many learners have been trained in your different training areas (as in (c) above) during:

- Last year
- This year (Year-to-date).

Note: Use any appropriate year, such as calendar year, financial year or any other. Specify the specific date when the statistics were taken.

g) Financial statements and/or business plan.

Submit a business plan and/or audited financial statements. If not available, submit any financial information that will refer to your (or you institution's) financial viability.

h) Budget

Submit the training budget for the current financial year.

Examples of evidence

- Minutes of meetings
- Annual reports
- Deviation from budget

SECTION 2: QUALITY MANAGEMENT SYSTEM

Purpose: The purpose of this section is to present the stances, principles, policies and procedures which forms the basis of the quality management system (QMS).

a) **Quality policy and procedures**

A quality policy could include elements and information as given below. The following information merely provides guidelines and examples.

When compiling a quality policy and quality procedures, the following elements may be taken into account:

1. Learning / skills programmes / Short courses / Learnerships / Whole qualifications

For example:

- NQF alignment, statutory compliance, manufacturer specifications, etc. ♦♦♦
- Methodology (E.g. Outcomes-based) ♦♦♦
- Language policy ♦

2. ETD Practitioners

For example:

- Recruitment / selection
- Assessing and developing ETDP competence
- Trainer : learner ratio

3. Assessment

For example:

- Assessment principles applied
- Assessment process
- Moderation process
- Utilisation of assessors and moderators
- Recognition of Prior Learning (RPL)

4. Learner support

For example:

- Recruitment criteria
- Support resources
- Learners with special needs

5. External contractors / providers

For example:

- Selection criteria
- Evaluation of services

6. Facilities, equipment and media

For example:

- Safety and utilisation

7. Data and document control

For example:

- Responsibilities
- Dissemination

8. Record keeping

For example:

- Retention periods

- Access
- Record keeping methods

9. Certification

For example:

- Certification milestones
- Issuing process
- Format of certificates

b) Vision, mission, objectives.

1. State the institution's vision / mission / management objectives.

c) Quality objectives

1. State the applicant's quality objectives.

These quality objectives usually refer to short term goals.

Examples: To register three ETD practitioners as assessors by July.

To evaluate effectiveness of assessment practices by August.

To upgrade effectiveness of the management information system (MIS) by December.

d) Other policies

References should be made to other policies that influence the quality management system. It may refer to broader organizational policies or national ETD policies, such as the SAQA Act.

e) Staff roles, responsibilities and authorities

It is useful to provide a summary of the staff roles, responsibilities and authorities. (More details will be required in Section 6).

f) Quality reviews

1. Systems / mechanisms should be established for regular quality review.

The purpose of a quality review is to ensure preventive and corrective actions.

2. Examples of such mechanisms are:

- Quality review procedures
- Establishment of a Quality Review Committee
- Quality meetings

3. Identification of non-conformances is closely linked to quality review, preventive and corrective action

Record should be kept of non-conformances identified as well as the actions taken for closing them out.

g) Appointment letter of quality representative

For larger organizations it is necessary to appoint a quality representative. Smaller organizations have to identify the person who will perform the quality role and describe the function within the person's job description.

h) Evaluation reports

The different elements of the training system have to be evaluated for effectiveness. Procedures should describe how often evaluations should be conducted. These evaluation reports are an important part of the quality management system.

Examples of evidence

- Minutes of meetings
- Annual reports
- Deviation from budget

SECTION 3: MANAGEMENT OF LEARNING PROVISIONING

Purpose: The purpose of this section is to verify that learning programme delivery is consistent, outcomes-based and aligned with customer needs.

- a) **Scope of learning programmes** 1. Provide a summary of all programmes offering. Use the following as an example:

LEARNING PROGRAMME SUMMARY				DATE: 01/04	
Name of Programme	Type	NQF	NSB Field	Duration	Unit std reference
Basic Electricity	Skills programme	5	06	10 days	None
Possibilities:	Module Bridging Short course	1 to 8	1 to 12	Hours/Days/Weeks	None SAQA registr no
	Skills programme Learnership Qualification				

NSB FIELDS:

- 01 Agriculture / nature conservation
- 02 Culture & arts
- 03 Business/ commerce/ management
- 04 Communication & language
- 05 Education, training, development
- 06 Manufacturing, engineering, technology
- 07 Human and social studies
- 08 Law, military science & security
- 09 Health and social services
- 10 Physical, mathematical, computer and life sciences
- 11 Services
- 12 Physical planning & construction

- b) **Unit standards / Outcomes**

1. Obtain and file the unit standards relevant to the programmes offered.
2. Make references to those unit standards that already exist (as in the table above).
3. If no unit standards are available, make a list of the outcomes of the programme.

- c) **Planned learning activities**

1. Prove that learning activities have been planned, for instance by means of lesson plans, using facilitator

manual guidelines, etc.

2. Indicate how utilization of resources, relevant to a learning activity, are planned.

d) Off-site practical components

1. The purpose and scope of the off-site practical component is clarified.

2. Involvement of people and their roles are described.

3. The required resources are listed.

4. Requirements for successful completion of off-site practicals are clarified.

e) RPL

1. Refer to standard RPL policy and/or procedure.

Examples of evidence

- Procedures
- Summary lists
- Lesson plans
- Facilitator/training guides
- Minutes of meetings

SECTION 4: LEARNER SUPPORT

Purpose:

The purpose of this section is to verify that learners are given sufficient support during and after training sessions. The provider should maintain effective communication with learners to prevent any misunderstanding.

a) **Learner orientation / induction**

The provider should justify, for example:

1. Learners have been informed of scope, duration and general requirements of the programme.
2. The particular programme has been plotted within the bigger career path.
3. Reference has been made to the NQF level, statutory compliance or any other standard that the particular programme equates to.
4. All assessment requirements have been clarified, including methods, rules for competent and not-yet-competent, appeals, etc.

b) **Learner profiles**

1. By analyzing the profile of each learner, they can be introduced at the correct starting levels.
2. This can be done as part of the recruitment process or information (profiles) can be given by customers.
3. The provider should prove why learners have been introduced to certain starting levels.

c) **Communication to learners**

1. Specify the communication strategies applied in order to maintain two-way communication between learners and the institution.
2. Also indicate how special needs of learners have been identified, treated, counseled, etc so that optimal learning can be ensured.

d) **Learner feedback documentation**

Indicate the mechanism/s which ensure learner feedback and/or to influence training provisioning. The most popular mechanism is using learner feedback forms or questionnaires.

Examples of evidence

- Induction programme
- Orientation
- Electronic data
- Notes to learners
- Feedback forms
- List of support resources

SECTION 5: MANAGEMENT OF ASSESSMENT

Purpose: The purpose of this section is to verify that assessments are in line with national quality practices and adhere to ESETA ETQA assessment and moderation policies and procedures.

- a) **Standard assessment procedure**
Refer to standard assessment procedures, which should be in line with national requirements.
- b) **Assessor and moderator registration**
Provide an updated list of assessors and moderators.

Below is an example:

LIST OF ASSESSORS AND MODERATORS				DATE: 01/04		
Assessor Name	Role/s	Assessor of: (List Learning Programmes)	Registered Yes / No	Date	Number	SETA
SO Mbody	Assessor	Train-the-Trainer Learnership	Yes	May 2003	A192837	ESETA
	Moderator	Learnership	No			
HE Man	Assessor	Welding	No			
	Moderator	Welding	No			

- c) **Assessment planning documents**
 1. Pre-assessment forms are used to indicate how, when, where, what and by whom assessment of learners are conducted.
 2. Appropriate assessment instruments are selected.
- d) **Competency assessment documents**
Documents relevant to competency decisions should be available.
- e) **Moderator reports**
 1. An appropriate sample is selected for internal moderation.
 2. Moderator reports are completed.
- f) **Assessment feedback reports**
Standard documents are available for giving feedback to all relevant stakeholders regarding the assessment.
- g) **Assessment appeals**
A standard process/ document is used to address assessment appeals.
- h) **Assessment instruments**
Assessment instruments should be validated.

i) Assessment results

1. Decisions for competent or not-yet-competent will eventually culminate in assessment results. The provider should determine its definitions for these concepts.
2. A balance should be obtained between the weighting of formative and summative assessments.

Examples of evidence

- Procedures
- List of assessors and moderators
- Pre-assessment forms
- Identified assessment methods
- Assessment instruments
- Validation reports
- Learner competency record
- Assessor and moderator reports
- Moderator notes to assessors
- Appeal forms and correspondence
- Assessment results
- Minutes of meetings
- Evaluation reports
- Pass rates

SECTION 6: STAFF

Purpose:

The purpose of this section is to verify that competent, as well as an adequate number of staff supports the learning process.

a) Job compacts and/or -contracts

1. Staff involved in each training section should be listed.
2. CVs, job compacts and contracts of staff should be available.

b) Staff performance reviewsRegular performance appraisals are conducted.

c) Staff competence profile

A staff competency profile can be given by plotting the current skills of staff members on a skills matrix.

Examples of evidence

- Database of staff
- CV's
- Job compacts and contracts
- Skills/competency matrix
- Staff performance appraisals
- Personal development plans (PDPs)
- Attendance lists

SECTION 7: AGREEMENTS AND CONTRACTS WITH STAKEHOLDERS

Purpose:

The purpose of this section is to verify that agreements and contracts formalise the needs of both the customer, the provider and the learner and that it is regularly revised.

- a) **Contracts and formal agreements.**
 - 1. Ensure that manual and/or electronic record is kept of all contracts and/or agreements.
 - 2. Ensure that responsibilities are defined.
- b) **Contract reviews and amendments.**
 - 1. Ensure that contracts and/or agreements are revised on regular bases.
 - 2. Ensure that agreements and amendments are made according to standard procedures.
- c) **Performance review reports**

Refers to stakeholder review of training provider's performance. In some instances customers or other stakeholders may request to review or evaluate the effectiveness of your training provisioning.

Examples of evidence

- Procedures
- Signed contracts
- Learnership agreements
- Service level agreements
- Contracts containing:
 - Requirements for recruiting
 - Information regarding learner care and support
 - Assessment requirements
 - Performance review reports

SECTION 8: DOCUMENTATION, DATA AND RECORDS

Purpose:

The purpose of this section is to verify that documents, data and records are controlled properly to ensure quality communication, logical referencing and secure information.

a) Documents, data and records procedure

Procedures are available in order to ensure control of documents, data and records. Procedures will refer, for example, to the following:

- The types of documents, data and records relevant to your training provisioning;
- How the documentation system is configured;
- How and where documents, data and records are stored;
- Who is responsible for what;
- Which documents / records are either manual, electronic or both.

The following example can assist in consolidating data, documents and records.

Name of record	No	Record stored in (Reference to file / store)	Retention period (Period for keeping the record)	Responsible person	Electronic /Manual or both

b) Types of documents, data and records

1. 'Types' may include, for example:

- Financial related
- Human resources related
- Learner related
- ♦♦Assessment related
- Customer related
- Learning programme related
- QMS related
- Etcetera

2. Categorise them in logical 'types.'

3. Distinguish between documents and records. Documents are live pieces of information and subject to change, such as draft documents, policies, procedures, checklists, etc. Records cannot be changed and refer to reports, contracts, results, etc.

c) Retention periods

1. Data, documents and records should be retained for functional periods.

2. Certain information requires a longer retention period, whilst others need only be retained for a short period of time. ♦♦♦For instance, electronic records of learner summative assessment results will be retained for a long period (even 30 years).

Learner assessment scripts on the other hand, can only be retained for three years.

3. There are no prescribed retention periods – it will depend on the institutional need.

4. Using the matrix above will assist in identifying the retention period for each document and/or record.

Refer to ESETA ETQA procedures.

d) Access, authorizations and responsibilities

1. Systems should be in place to store and easily access electronic- and other data, documents and records.
2. People should be authorized for having access to information.
3. When distributing documentation, it must be ensured that everyone is dealing with the latest version.
4. Documents should be titled, dated and numbered, using a logical configuration system.

Following is an example of a plate that could be used on documents:

	TITLE OF DOCUMENT		
Document No:	PR001.1	Pages	4
Revision No:	1	Approved by	Signature
Issue Date:	June 2005	Review Date	June 2006

Examples of evidence

- List of identified data
- Configured documents
- Document changes register
- Job descriptions compacts

SECTION 9: LEARNING MATERIAL, EQUIPMENT, MEDIA AND FACILITIES

Purpose:

The purpose of this section is to verify that learning material, equipment, media and facilities are optimally utilised to contribute to the learning process and that training takes place within a safe environment.

a) Learning materials

1. Provide a list of all materials available for the different programmes and qualifications offering.
2. Learning materials may contain the following information:
 - Table of Contents
 - Orientation section
 - Learning outcomes
 - Critical Cross-field outcomes
 - Practical exercises
 - References
3. Learning materials should be supported by other planning documents such as facilitator guides and/or lesson plans. This is necessary for, for instance, indicating how other learning resources will be utilised during specific learning activities.
4. Master copies of learning materials should be stored, ideally both manually and electronically
5. Duplication and distribution of material should be controlled.
6. It must be ensured that the latest versions are always in use.
7. The quality of learning materials should portray the professional image of the provider.

b) Safety reports

A safety system is maintained, aligned with national legislation.

c) Learning material and media register

Learning material and media are properly controlled by keeping a register.

d) Asset register

Assets are properly controlled by using an appropriate asset management system.

e) Learner feedback

Learner feedback is obtained for evaluating the standard and effectiveness of learning material, equipment and media.

f) Resource provisioning plan

The purpose is to plan utilisation of resources. For instance, if the trainer: learner ratio is 1:12, how many classrooms are required, what period will it take to complete a programme, and how many trainers. (Planning the utilisation of resources ensures cost-effective training provisioning.)

Examples of evidence

- Samples of learning material
- Trainer/facilitator guide
- Lesson plans
- Resource plans
- Asset register
- Manual/electronic media register

- Safety and other reports
- Learner feedback

SECTION F: PROVIDER SELF-AUDIT & ACCREDITATION APPLICATION

SECTION 1: INSTITUTIONAL BACKGROUND

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
1.1	The provider has adequate capacity and is well governed.				
1.2	The provider is financially viable.				

SECTION 2: QUALITY MANAGEMENT SYSTEM (QMS)

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
2.1	The provider has an implementable quality management system (QMS) which includes policies, procedures and mechanisms to review these.				

SECTION 3: MANAGEMENT OF LEARNING PROVISIONING

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
3.1	Learning interventions are offered in line with customer needs.				
3.2	Learning intervention provisioning is designed to ensure that learning is sustainable.				
3.3	Learning interventions offered, are outcomes-based.				
3.4	All learning interventions make provision for Recognition of Prior Learning (RPL) based on unit standards.				
3.5	Learning interventions meet specified quality criteria				

SECTION 4: LEARNER SUPPORT

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
4.1	Adequate learner guidance is given to ensure optimal learning.				
4.2	Learners are entered at correct starting levels.				
4.3	Learner special needs are catered for.				

SECTION 5: MANAGEMENT OF ASSESSMENT

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
5.1	Assessments are conducted according to Unit Standard ASSMT 01.				
5.2	The assessment process is moderated.				
5.3	Only registered assessors may sign off unit standards.				

SECTION 6: STAFF

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
6.1	Staff members are competent to perform their roles.				
6.2	An adequate number of staff exists to address the existing need.				
6.3	Staff sourcing and utilization are planned effectively.				

SECTION 7: AGREEMENTS AND CONTRACTS WITH STAKEHOLDERS

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
7.1	The provider formally determines the stakeholder requirements and executes and reviews the learning.				

SECTION 8: DOCUMENTATION, DATA AND RECORDS

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
8.1	Access to documents, data and records are controlled.				
8.2	Changes to, and dissemination of documents and data are controlled.				
8.3	Relevant learner information is recorded				
8.4	The documentation system is configured.				

SECTION 9: LEARNING MATERIAL, EQUIPMENT, MEDIA AND FACILITIES

No	Specific Criteria	Conformance Yes/ No	If YES, reference to available evidence	If NO, reference to Action Plan	Notes
9.1	Learning materials are aligned to outcomes-based ETD.				
9.2	Learning facilities conform to OSH Act requirements.				
9.3	Equipment and media are fit for purpose and in working order.				
9.4	Learning material, equipment and media are effectively controlled.				

ESETA ETQA AUDIT FORM

SECTION 1: INSTITUTIONAL BACKGROUND

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
1.1	The provider has adequate capacity and is well governed.			
1.2	The provider is financially viable.			
	Required documents/records:			
a.	Current organisational structure.			
b.	Organisational history.			
c.	Training focus.			
d.	Staffing statistics.			
e.	Learner- and customer target groups.			
f.	Learner capacity.			
g.	Financial statements and/or business plan.			
h.	Budget			
	Observable evidence:			
a.	Regular updated information.			
b.	Application of standard accounting practices.			
c.	Provisioning of funds			

SECTION 2: QUALITY MANAGEMENT SYSTEM (QMS)

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
2.1	The provider has an implementable quality management system (QMS) which includes policies, procedures and mechanisms to sustain these.			
	Required documents/records:			
a.	Quality policy and procedures.			
b.	The provider's vision and/or mission and/or management objectives.			
c.	Quality objectives.			
d.	Other relevant policies which should be adhered to.			
e.	Roles, responsibilities and authorities of staff.			
f.	Quality review documents and records.			
g.	Appointment letter of quality representative.			
h.	Evaluation reports.			
	Observable evidence:			
a.	All relevant training aspects covered in Quality Policy.			
b.	Attained and/or revised quality objectives.			
c.	Applied quality policies and procedures.			
d.	Applied staff roles and responsibilities.			
e.	Revised quality practices.			
f.	Self-audits.			
g.	Identified and closed-out non-conformances.			
h.	Corrective and preventive actions.			

SECTION 3: MANAGEMENT OF LEARNING PROVISIONING

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
3.1	Learning interventions* are offered in line with customer needs.			
3.2	Learning intervention* provisioning is designed to ensure that learning is sustainable.			
3.3	All learning interventions offered, are outcomes-based.			
3.4	All learning interventions* make provision for Recognition of Prior Learning (RPL), based on unit standards.			
3.5	Learning interventions* meet specified quality criteria.			
	Required documents/records:			
a.	Scope of learning interventions offered.			
b.	Unit- and other relevant standards.			
c.	Planning documents of learning activities			
d.	Standard RPL process.			
e.	Quality requirements / indicators.			
f.	Records of learning evaluations.			
	Observable evidence:			
a.	Outcomes-based learning interventions.			
b.	Learning methodologies aligned to customer needs.			
c.	Optimally integrated theoretical and practical learning components.			
d.	Administrative support.			
e.	Planned learning events.			

SECTION 4: LEARNER SUPPORT

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
4.1	Adequate learner guidance is given to ensure optimal learning.			
4.2	Learners are entered at correct starting levels.			
4.3	Learner special needs are catered for.			
	Required documents/records:			
a.	Learner orientation / induction programme..			
b.	Learner profiles.			
c.	Communication to learners.			
d.	Learner feedback documentation.			
	Observable evidence:			
a.	Learner support resources.			
b.	Learner understanding of requirements for successful completion of the learning intervention.			
c.	Contextualised learning focus.			
d.	Special needs of learners addressed.			

SECTION 5: MANAGEMENT OF ASSESSMENT

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
5.1	Assessments are conducted according to Unit Standard ASSMT 01.			
5.2	The assessment process is moderated.			
5.3	Only registered assessors may sign off unit standards.			
	Required documents/records:			
a.	Standard assessment procedure.			
b.	Register of assessors and moderators.			
c.	Assessment planning documents.			
d.	Competency assessment documents.			
e.	Moderator reports.			
f.	Assessment feedback reports.			
g.	Assessment appeals.			
h.	Assessment instruments.			
i.	Assessment results.			
	Observable evidence:			
a.	Competent assessors and moderators.			
b.	Moderated assessment decisions.			
c.	Assessment methods and instruments.			
d.	Assessment appeals effectively processed.			

SECTION 6: STAFF

‘Staff’ refers to permanent and non-permanent employees that form part of the provider’s provisioning structure.
Note: It includes ETD practitioners, managers and support staff as well as contracted people.

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
6.1	Staff members are competent to perform their roles.			
6.2	An adequate number of staff exists to address the existing need.			
6.3	Effective planning of staff sourcing and utilisation.			
	Required documents/records:			
a.	Skills matrixes, compacts and/or contracts.			
b.	Staff performance reviews.			
c.	Staff competence profile.			
	Observable evidence:			
a.	Continually assessed and developed ETDPs.			
b.	Effective staff utilisation.			
c.	Realistic learner:ETDP ratio			

SECTION 7: AGREEMENTS AND CONTRACTS WITH STAKEHOLDERS

Note: 'Stakeholder' refers to any party involved in the training system of the provider, for instance learners, customers, contractors and external training providers.

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
7.1	The provider formally determines the stakeholder requirements and executes and reviews the learning.			
	Required documents/records:			
a.	Contracts and formal agreements with individual learners and multi-purpose providers.			
b.	Contract reviews and amendments with individual learners and multi-purpose providers.			
c.	Performance review reports			
	Observable evidence:			
a.	Outcomes of learning are achieved.			

SECTION 8: DOCUMENTATION, DATA AND RECORDS

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
8.1	Access to documents, data and records are controlled.			
8.2	Changes to, and dissemination of documents and data are controlled			
8.3♦	Relevant learner information is recorded.			
8.4	Documentation system is configured.			
Required documents/records:				
a.	Documents, data and records procedure.			
b.	Types of documents used, data and records.			
c.	Retention period procedure.			
d.	Access, authorisations and responsibilities.			
Observable evidence:				
a.	Learner data recorded as per legislative requirements.			
b.	Change control is applied.			
c.	Data protected against abuse and protected copyrights.			
d.	Database integration			

SECTION 9: LEARNING MATERIAL, EQUIPMENT, MEDIA AND FACILITIES

No	Specific Criteria	Yes or No	Non-conformance / Observation	Notes
9.1	Learning materials are aligned to outcomes-based education, training and development (ETD).			
9.2	Learning facilities conform to OHS Act requirements.			
9.3	Equipment and media are fit for purpose and in good working order.			
9.4	Learning material, equipment and media are effectively controlled.			
	Required documents/records:			
a.	Learning materials.			
b.	Safety reports.			
c.	Learning material and media register.			
d.	Asset register.			
e.	Learner feedback.			
f.	Resource provisioning plan.			
	Observable evidence:			
a.	Adequate learning resources.			
b.	Accurate test and measuring instruments.			

NON-CONFORMANCES

	ETD AREA	REFERENCE	FINDING
1.			
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OBSERVATIONS

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AUDIT FINDING

The finding of the audit panel is: (tick with X)

Accreditation is granted.	The Quality Management System of this institution / department is up to standard. Although non-conformances (if any) should be closed out, no re-audit is necessary.	
Provisional accreditation is granted.	The Quality Management System will be up to standard once the listed non-conformances are closed out. Verification that non-conformances are closed out, is necessary.	
Accreditation is NOT granted.	This institution / department has unacceptable Quality Management System deficiencies. A re-audit has to be conducted.	

NOTE:

Date for closing out non-conformances (I/A):

SIGNED:

Lead audit representative: _____ Designation: _____ Date: _____

Audit representative: _____ Designation: _____ Date: _____

Employer representative: _____ Designation: _____ Date: _____

Labour representative: _____ Designation: _____ Date: _____
(Optional)