

***LETTER OF INTENT**

SKILLS DEVELOPMENT PROVIDER (SDP) INTENDING TO APPLY FOR ACCREDITATION FOR HISTORICALLY REGISTERED FULL QUALIFICATIONS AT THE QCTO THROUGH THE QUALITY ASSURANCE PARTNER (QAP).

- (a) This Letter of Intent must be completed by all SDPs BEFORE applying for accreditation, re-accreditation/ extension of accreditation period or extension of scope from a QAP for historically registered full qualifications.
- (b) Email fully completed Letter of Intent to: accreditation@qcto.org.za
- (c) The QCTO will acknowledge receipt of the SDP's intended application by either advising the SDP to apply for a registered occupational qualification in its place, or confirm that the accreditation application may be made to and processed by the QAP, following their normal QAP processes.

1. SDP Applicant information

LEGAL NAME: (as per CIPC company registration document):	
PHYSICAL ADDRESS:	
Town/City:	
Province:	
POSTAL ADDRESS:	
Town/City:	
Postal Code:	
NAME OF CONTACT PERSON:	
SURNAME OF CONTACT PERSON:	
TITLE: MR/ MS/ DR/ PROF	
Position/Designation:	
Email Address:	
Contact Number (landline):	
Cell Number:	
Alternative Contact Details:	
Name of Contact person:	
Position/Designation:	
Email Address:	
Contact Number (landline):	
Cell Number:	

2. Historically registered full qualification for which SDP accreditation application relates

	Qualification Title	SAQA ID	NQF Level	Credits	Name of QAP
1					
2					
3					
4					
5					

(must be able to extend list)

3. Current Accreditation Status [mark with an X]

Are you currently accredited?		Yes	No
If yes, state accreditation authority (e.g. EW SETA, ETDP SETA, etc.)			
Accreditation Period:	Start date	End Date	
Accreditation number:			

4. Type of Accreditation intending to apply for [mark with an X]

New Application	
Re-accreditation/ extension of accreditation period	
Extension of Scope / accredited SDP applying for additional qualifications	

Signed Declaration:

I, _____ (Full Names and Surname),
 Identity Number _____, am authorised to submit this
 Letter of Intent on behalf of the organisation / company (legal name of company/
 organisation) _____

I, the undersigned, hereby declare that all the information contained in this Letter of Intent is true and correct, and that the required facilities and resources are available for the implementation of this qualification.

 Print Name and Surname

 Signature

 Date

**Please note that this Letter of Intent does not constitute a formal application for accreditation as this process will be facilitated by the Quality Assurance Partner (QAP) responsible on the advice of the QCTO.*

FOR OFFICE USE:	Letter of Intent	
Reference Number of Letter of Intent:	_____	
Processed by QCTO Official:	_____	
	Name and Surname	Date received
	Date acknowledgement of receipt sent to Applicant: _____	
	Date acknowledgement of receipt sent to QAP Quality Assurance Partner (QAP): _____	
	Quality Assurance Partner (QAP) identified to process SDP application: _____	