**Accredited Training Service Providers (ATSP)**

**APPLICATION FORM**

1. **Institution Details**

|  |  |
| --- | --- |
| **Name of the Institution** |  |
| **Registration no** |  |
| **Authorized contact person** | Name: |
| Position: |
| Telephone: |
| Cell Phone: |
| Email: |
| **Alternative contact** | Name: |
| Position: |
| Telephone: |
| Cell Phone: |
| **Physical Address** |  |
| **Postal Address** |  |
| **Website** |  |

1. **Accreditation and Experience**

|  |  |
| --- | --- |
| **Total years in operation** |  |
| **Number of full-time staff** |  |
| **Number of total staff (full-time & consultants)** |  |
| **Number of presenters** |  |
| **Accreditations** |  |
| **Awards** |  |
| **Other** |  |

1. **Professional Membership of directors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Director Name** | **Director Surname** | **Job Description/Title** | **Professional Institution** |
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1. **Summary of National Footprint**

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1. **List prior involvement with Tenders and other companies or projects your learning material is offered on**

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1. **Programme List**

Please provide a list of courses/training programmes/CPD events offered, including the following information per programme:

* Name of programme
* Internal programme identification number
* NQF level (if applicable)
* Entry requirements
* Type of programme (full-time or part-time)
* Duration of programme
* Delivery (online, face-to-face or blended)
* Location of face-to-face
* Map the programme against the following competency areas:
  + Financial Accounting
  + Auditing
  + Taxation
  + Management Accounting
  + Business/Commercial Law
  + Practice Management
* Short overview of progamme
* Topics included
* Learning objectives
* Cost of programme (for learners)
* CPD units

1. **Application Fee**

An application fee applies: R 3,500.00 excluding VAT

Proof of payment should be submitted with the application form.

An annual renewal accreditation fee applies: R 2,000 excluding VAT

Banking details

SAIBA Academy

ABSA

Acc Nr: 93-6258-6309

Branch Code: 632-005

Ref: ATSP and Company Name

1. **Documentation**

Please submit the following documentation on the link provided on the Accreditation webpage.

| **Number** | **Relevant documents** | **Attached (please tick)** |
| --- | --- | --- |
|  | Copy of the Company Registration Document |  |
|  | SARS Tax Clearance Verification Letter |  |
|  | Broad-based Black Economic Empowerment Certificate |  |
|  | Proof of solvency: 3 years financial statements |  |
|  | Accreditation Certificate |  |
|  | Awards Certificate |  |
|  | Programme list with detail stipulated in #3 |  |
|  | List of presenters, their qualifications and years of experience Assessment policy and sample of assessment items (e.g., assignments, tests) |  |
|  | List of other policies:  Quality Assurance, Staff Training and Evaluation, Security, |  |
|  | Details of the monitoring and evaluating programmes systems |  |
|  | Reference letter 1 |  |
|  | Reference letter 2 |  |
|  | Proof of payment |  |

1. **Declaration**

I hereby declare that the information and documentation submitted is true and correct and free from misstatements.

I declare that the Institution, it’s representatives and presenters will abide to the principles as set out in the Application Guide.

I declare that the Institution has sufficient infrastructure and support system in place to provide the services offered.

I hereby declare that I am authorised to submit this application on behalf of the institution.

NAME:

DATE:

SIGNATURE: