***Insert your Company Letterhead***

**Expression of Interest**

**ACCREDITATION OF HDI / SDPs**

Company Details

|  |  |
| --- | --- |
| Entity Name |  |
| CIPC Company Registration Number |  |
| Entity Address  |  |
| Name of Principal member |  |
| Contact Number of Principal member |  |
| Email |  |

Details of contact person

|  |  |
| --- | --- |
| Name & Surname |  |
| Email Address |  |
| Contact Number (landline) |  |
| Contact Number (Cellphone) |  |

Note: By applying for this, you are undertaking to be on the programme for a period of not less than twelve months (1year), which will be followed by a pilot project that will award you learners to train.

The Accreditation programmes selected are as follows

|  |  |
| --- | --- |
| Unit Standard ID | Unit Standard Title |
| [115753](https://allqs.saqa.org.za/showUnitStandard.php?id=115753) | Conduct outcomes-based assessment |
| 117870  | Conduct targeted training and development using given methodologies  |
| [115759](https://allqs.saqa.org.za/showUnitStandard.php?id=115759) | Conduct moderation of outcomes-based assessments |
| 27/SP-134903/Sma3/00263  | Small Business Manager/Owner (Operations) Level 3 |

**REQUIRED TO ACCOMPANY THIS FORM**

* Certified copy of Identity document
* Proof of Address
* Proof of SARS / Tax Compliance / Registration ***(If applicable)***
* Proof of company registration ***(if applicable)***
* Affidavit showing that the SDP is not Accredited elsewhere (another SETA)

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, principal member of the above mentioned entity, hereby confirm that the company wishes to, and commits to participate in the Accreditation of HDI project with the W&RSETA.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE**

|  |
| --- |
| **Region ……………………………… Date …………………****Received by** **Print Name ………………… ………….. Signature……………………….** |