

PO Box 11080
Zwartkop 0051, Centurion
Tel. 012-643-0159
Fax 088-012-643-0159
Cell 0833-9010-43
E-mail delange.steve@gmail.com

Proposal for accreditation assistance with the relevant SETA

Thank you for contacting me to assist with your application for accreditation.

Provider: BEE Yond Training Solutions

| Representative | Steve de Lange |
|----------------------------------|--|
| Domicilium citandi et executandi | Centurion |
| Postal address | PO Box 11080, Zwartkop 0051, Centurion |
| Phone number | 012- 643-0159 |
| Fax number | 088-012-643-0159 |
| e-mail address | delange.steve@gmail.com |

Customer:

| Domicilium citandi et executandi | [physical address] |
|----------------------------------|--------------------|
| Postal Address | |
| Telephone number | |
| Fax number | |
| e-mail address | |

Purpose of this proposal: To formalise the mutual obligations of both parties in respect of the application for accreditation.

Details of learning programmes and unit standards will be confirmed at the time when this agreement comes into effect.

The dates of these services will be determined once this agreement has been confirmed.

My services include:

- 1. Completion of all SETA application forms for a maximum of five unit standards
- 2. Alignment matrix of five NQF unit standards with your training programmes this excludes alignment of the actual training materials
- 3. If you need more than five unit standards for inclusion in your application, it can be done at an agreed rate each
- 4. Complete quality management system (QMS)
- 5. Completion of your training plan together with the projected income statement
- 6. Printing and stationery of the original application documents
- 7. The completion of the entire application within 10 working days upon receipt of the required information
- 8. Preparation for the SETA site visit
- 9. The cost of additional photocopies will be for your account, please

The following information is required by e-mail to start the process, please:

- 1. Company logo
- 2. Company profile and structure/organogram, including planned training activities
- 3. Information in electronic format called for from page 4 onwards below so we can start the process.
- 4. Kindly identify, appoint and contract assessor/s and moderator/s for your training programmes as I cannot do this as an outsider.

My fee is subject to agreement for accreditation support, VAT zero-rated, and it will be appreciated if 50% is paid upon acceptance of my proposal and the balance once all my work has been completed.

Bank details appear on the last page of this proposal.

Some business-related documents, such a tax clearance certificate and company registration certificate, will be required later on in the process, details of which will be dealt with at the appropriate time.

Please confirm your acceptance of this proposal.

| Regards, | | | |
|-------------------------------------|----|-----------|------|
| Steve de Lange | | | |
| Tel. 012-343-2372; Cell 083-390-104 | 43 | | |
| | | | |
| Date of acceptance and signatures: | | | |
| Date of acceptance and dignatures. | | | |
| | | | |
| Provider (Steve de Lange) | | Customer: | |
| Flovider (Steve de Larige) | | Customer. | |
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| | | | |
| Witness | | | |
| | | | |

Please see pages below

Please provide the following information electronically – 3 pages:

| Registered name of b | ousines | s | | | | | | | |
|--|---------|----------|---------------------------|----------|-----|-------|--------------|----------------|--|
| Trading name of business (If different from above) | | | | | | | | | |
| Nature of business | | Fo | For example CC or Pty Ltd | | | | | | |
| Company registration (for instance CK num | | er | | | | | | | |
| VAT registration num | nber | | | | | | | | |
| Skills levy number | | | | | | | | | |
| Total number of staff | | | | | | | | | |
| How many staff are p | permane | ent | | | | How n | nany staff a | re on contract | |
| Is there more than or indicate the different | | | | | e | Yes | No | | |
| Postal address | | | | | | | | | |
| Suburb | | | | | | | | | |
| Town | | | | | | | | | |
| Area code | | | | | | | | | |
| Physical address | | | | | | | | | |
| Suburb | | | | | | | | | |
| Town | | | | | | | | | |
| Area code | | | | | | | | | |
| Phone number: | Area o | code: | | | | | | | |
| Fax number: | Area o | code: | | | | | | | |
| e-mail address: | | | | | | | | | |
| Website address if ar | ny: | | | | | | | | |
| Contact person | | First na | ame a | nd surna | me | | | | |
| Cell number | | | | | | | | | |
| e-mail address | | | | | | | | | |
| Position in company | | | | | | | | | |
| Provider banking de | etails | | | | | | | | |
| Name of bank | | | | | | | | | |
| Name of branch | | | | | | | | | |
| Branch code | | | | | | | | | |
| Account number | | | | | | | | | |
| Account type | | Curren | t | | Sav | /ings | | Transmission | |

Details of training facilitators:

| Name of facilitator | ID number | Qualifications | Relevant experience | Learning programme (s) and/or skills programmes for which accreditation is sought |
|---------------------|-----------|----------------|------------------------|---|
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Details of assessors. Please note that all assessors must be registered as constituent assessors, with a sector education and training authority

| Name of assessor | ID number | Qualifications | Relevant experience | Learning programme (s) and/or skills programmes for which accreditation is sought |
|------------------|-----------|----------------|---------------------|---|
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Details of moderator registered with relevant sector education and training authority

| Name of moderator | ID number | Qualifications | Relevant experience | Learning programme (s) and/or skills programmes for which accreditation is sought |
|-------------------|-----------|----------------|------------------------|---|
| | | | | |
| | | | | |

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Info required for every training programme, for a maximum of five (5) unit standards for this proposal

| 1. Title of training programme | |
|--------------------------------|--|
| NQF unit standard number | |
| 2. Title of training programme | |
| NQF unit standard number | |
| 3. Title of training programme | |
| NQF unit standard number | |
| 4. Title of training programme | |
| NQF unit standard number | |
| 5. Title of training programme | |
| NQF unit standard number | |

You are welcome to contact me for assistance if necessary.

You may also consider using my services to help with the development and/or alignment of training material in line with National Qualifications Framework requirements. Provision includes:

- Facilitator guide
- Alignment matrix
- Learner workbook
- Assessor guide
- Moderator guide
- Model answers
- Portfolio of evidence (PoE)
- A complete set of training materials normally costs around R7 000 per unit standard, depending on the number of assessment criteria

My account details:

Current Account, FNB Commercial, Centurion, Pretoria

Name: Training and Support Services

Account number: 62141 309 262

Branch Code: 26 15 50