

P O Box 2450, Houghton, 2041, Rossouw Attorneys Building, 1st Floor, 8 Sherborne Road, Parktown,
Tel: 011 482-8595, Fax: 011 482-4830
email: kathleen@sabpp.co.za, website: www.sabpp.co.za

LETTER OF INTENT TO APPLY FOR ACCREDITATION AS AN HR PROVIDER¹

The SABPP ETQA is not levy funded as are other ETQAs and therefore has permission from SAQA to charge for all services rendered in our capacity as an accredited ETQA. Please see the approved fees on the SABPP web site.

The Letter of Intent provides information required by the SABPP ETQA to make a decision as to the appropriate next step to advise Providers:

- Proceed with application for accreditation as an HR training provider
- Proceed (instead) with application for Learning Programme Approval
- No application with SABPP ETQA would be appropriate

If your Letter of Intent is emailed, please also **fax a signed copy** to 011 482-4830. The SABPP will grant written permission to proceed with the appropriate application process, along with an indication of the fees to be charged. An invoice will be issued on receipt of the completed Application Form and the required supporting documentation and will be payable before the application can be tabled at the ETQA Meeting.

Please note that until the SABPP has issued the actual (provisional²) accreditation certificate, the Provider may not claim accreditation.

1. General Business Information

¹ If HR is not your primary focus, you need to be applying for Learning Programme Approval rather than Accreditation. Please ask your primary focus ETQA for a letter of referral to SABPP (i.e. a Referral Request) and look on the SABPP web site for the relevant Application Form.

² Accreditation/Learning Programme Approval is always Provisional to begin with. Once the Provider has successfully up-loaded learners (who have completed the qualification or unit standard/s within the Provider's scope), the Provider may request Full Accreditation/Learning Programme Approval in writing at no extra cost.

| | |
|-----------------------------|-------|
| Registered Name of company | |
| Trading Name | |
| Email address | |
| Physical Address | Code: |
| Postal Address | Code: |
| Web-site (where applicable) | |
| Legal Status | |

2. Contact details

Please provide the contact details of a director or senior member of staff (the person responsible for overseeing the accreditation process within the organization) with whom the SABPP ETQA will deal.

| | Main Contact Person | Alternative Contact Person |
|-----------------------|---------------------|----------------------------|
| | | |
| Designation | | |
| Telephone/ Cell phone | | |
| Fax | | |
| Email address | | |

3. Current Accreditation Status

A provider may only be accredited with one ETQA (including Umalusi or HEQC). Complete the following questions relating to current and past accreditation applications.

3.1 Other SETAs or ETQAs (including Umalusi or HEQC):

| | | | |
|-----------------------------------|---|---|--|
| Accreditation Applications | Has the organization ever applied to another SETA or ETQA for accreditation? | Yes: <input type="checkbox"/> If yes, please indicate which SETA or ETQA: | No: <input type="checkbox"/> |
| Accreditation Status | Accreditation granted: <input type="checkbox"/> Accreditation number: | Accreditation pending: <input type="checkbox"/> | Accreditation refused: <input type="checkbox"/> |

| SAQA ID Number of HR Qualification | HR Qualification Title | Registration End Date |
|--|------------------------|--------------------------|
| | | |
| | | |
| | | |

(* You may add lines if the above table does not have enough lines)

5. Declaration

I (*full names*) _____ am authorized to submit this Letter of Intent on behalf of the organization _____ (*name of the organization*).

I hereby also declare that all the information contained in this Letter of Intent is, to my knowledge, true and correct.

Signature

Date