



FIETA LEARNING PROGRAMME & SHORT COURSE EVALUATION

Note to Provider:

- This document is to be completed for EACH Learning Programme / Short Course Programme linked to the FIETA arena.
- Please note any instructions during each section, as some requirements are for Learning Programme linked to unit standard/s only.
- Please note that if you do not have enough space on this document, reference your additions as Appendices.
- Please note that after the completed document has been evaluated the Decision/Status by the FIETA ETQA could be:
Learning Programme: No Approval, Provisional Approval or Full Approval
Short Course: No Programme Recognition or Programme Recognition
- Please note, that if this is a Re-Submission, please include a copy of your report that you obtained from FIETA.
- Please do not hesitate to contact the FIETA ETQA Department on (011) 712 0600 if you require further information.

Date of Application: _____

Is this Application:

FIRST SUBMISSION	
RE-SUBMISSION	

FIETA Office Use Only	
Status	
Date of Appointed Status	
Programme Number	

SECTION A: BACKGROUND DETAILS

A.1	NAME OF PROVIDER / ORGANISATION			
A.2	NAME OF LEARNING PROGRAMME / SHORT COURSE			
A.5	ARE YOU APPLYING FOR: (Please tick one)	PROGRAMME APPROVAL (Unit Standards based learning programme)	PROGRAMME RECOGNITION (Non -aligned, short course programme)	
A.6	If you ticked Programme Approval above (A.5), which qualification or unit -standard/s is your programme aligned with? (Title and No.)			
A.7	If you are accredited with FIETA, please fill in your accreditation number:			
A.8	If you are a provider accredited by another ETQA please fill in the name of this ETQA and your accreditation number:			
A.9	ORGANISATION POSTAL ADDRESS			

A.10	ORGANISATION STREET ADDRESS	
A.11	ORGANISATION TELEPHONE NUMBER	
A.12	ORGANISATION FAX NUMBER	
	MAIN CONTACT PERSON -	
A.13	FIRST NAMES & SURNAME:	
A.14	DESIGNATION / TITLE:	
A.15	TEL / CELLPHONE NUMBER:	
A.16	EMAIL ADDRESS:	
	ADDITIONAL CONTACT PERSON -	
A.17	FIRST & SURNAME:	
A.18	DESIGNATION / TITLE:	
A.19	TEL / CELLPHONE NUMBER:	
A.20	EMAIL ADDRESS:	

SECTION B: ELEMENTS OF LEARNING PROGRAMME / SHORT COURSE

	Elements of the Learning Programme / Short Course	PROVIDER RESPONSES
B1	What is the purpose of the Learning Programme / Short Course?	
B2	Which FIETA Chamber do you believe that the Learning Programme / Short Course fall under? (e.g. Forestry / Wood Products / Pulp & Paper / Furniture / Other (Specify)	
B3	What are your learner entry requirements? Justify your learner entry requirements	
B4	What is your approach for learners who do not meet the above entry requirements?	
B5	Do you supply Recognition of Prior Learning for this Learning Programme / Short Course?	
B6	What is your Language Policy for the Learning Programme / Short Course? Justify	

	Elements of the Learning Programme / Short Course	PROVIDER RESPONSES
B7	What is the ratio of learners to trainer/facilitator for the Learning Programme / Short Course?	
B8	What types of Learning environment do you present the learning? (e.g. Workshop / Theoretical Training Room)	
B9	What Learning Resources do you use for your Learning Programme / Short Course?	
B10	What Learning Equipment is required for the Training?	
B11	How do you incorporate theory and practical to your training? What time allocation do you require for practical and theory for the programme?	
B12	What Learner Support do you provide linked to the Learning Programme / Short Course? Separate your answer under Pre-Training, During and After Training	

SECTION C: INFORMATION ABOUT EDUCATION AND TRAINING PRACTITIONER / ASSESSOR / MODERATOR

1. EDUCATION AND TRAINING PRACTITIONER used for your Learning Programme / Short Course mentioned for this application ONLY.

Name of ETD Practitioner	Formal qualification (appropriate to the programme training)	Experience and Expertise in the area training/facilitation	Programme Training / Facilitating

2. List of Registered Assessors used for your Learning Programme / Short Course mentioned for this application ONLY.

(Please note that Assessors who are to be registered as Assessors on the FIETA Assessor Database are required to complete The FIETA Assessor Registration Document)

PLEASE ATTACH A SMALL SUMMARY OF THE ASSESSOR/S SUBJECT MATTER EXPERTISE / QUALIFICATION DETAILS REGARDING THE PARTICULAR LEARNING PROGRAMME / SHORT COURSE.

Name of Assessor	I.D Number	Assessor Registration Number	ETQA obtained Registration No. E.g. ETDP SETA / FIETA SETA

3. List of Registered Moderators that are used for your organisation for the particular Learning Programme / Short Programme ONLY (Please note that Moderators who are to be registered as Assessors on the FIETA Assessor Database are required to complete the FIETA Moderator Registration Form).

Name of Internal Moderator	I.D Number	Moderator Registration Number	ETQA obtained Registration No. E.g. ETDP SETA / FIETA SETA

OR

If you do not have an Internal Moderator for moderating assessments linked to your Learning Programme / Short Course mentioned within this application, please indicate the name and company of your External Moderator.

Name of External Moderator	Name of Company	Contact Telephone Number of External Moderator	Moderator Registration Number

SECTION D.1: LEARNING PROGRAMMES linked to Unit Standard/s or Qualification

(Note: You do not need to complete D.1 if your application is for a Short Course only)

Is your Learning Programme Designed to cover a Qualification?

YES	
No	

If yes, what is the Title and Number of the Qualification?

<p>Name of Learning Programme:</p> <p>Duration of Programme:</p>	<p>Unit Standard Title:</p> <p>Unit Standard Number:</p> <p>NQF Level:</p>
<p>List your Learning Programme Outcomes / Course Outcomes (that will lead to the achievement of the Specific Outcomes) in the column below. Note: if you have an outcome that is not matched to a Specific Outcome, merely list and indicate that no match is linked to a Specific Outcome).</p>	<p>Match Specific Outcomes taken from the above Unit Standard in the column below.</p>
<p>FOR EXAMPLE</p> <p>Module 2: Understanding potential hazards in the workplace</p>	<p>FOR EXAMPLE:</p> <p>SO1 – Identify potential hazards in the work area</p> <p>Assessment Criteria 1: Potential hazards are correctly identified and removed, reduced or reported</p>

Critical Cross-field outcomes linked to the relevant unit standard	Examples of how Critical Cross-field outcomes are achieved via activities / methods
E.g. CCFO:1 – Identify and solve problems and make decisions using critical and creative thinking	E.g. Case Study regarding Health and Safety of a Workshop is handed to learners. In groups the learners are to determine what are the problems in the Workshop and how these problems could be resolved.

SECTION D.2: SHORT COURSE PROGRAMMES

(Note: D.2 only needs to be completed if your programme cannot be linked to Unit Standard/s)

Name of Short Course Programme:	
Estimated NQF Level:	
Duration of Short Course Programme:	
List Short Course Outcomes Demonstrate the use of Machine XXX	Linked to Short Course Module Module 1: An introduction to Machine XXX

SECTION E: SAMPLE OF TRAINING MATERIAL

In order for FIETA to review your content we need a sample of your training material.

Please attach (as an Appendix) the following:

1. A module linked to a specific outcome / programme outcome (This is to be in relation to the Learning Programme / Short Course referred to within this application document).
2. If your module is linked to a unit standard, indicate the specific outcome/s the module covers. (Note: You will need to submit a Module PER UNIT STANDARD indicated within this application)
3. If your module is part of a Short Course, indicate the course outcome the module covers.

Complete the following Self Evaluation Checklist linked to the sample material you have supplied.

Name of Module:	
Linked Specific Outcome / Assessment Criteria / Learning Outcome:	

DESCRIPTION OF CRITERIA	Yes / No	FIETA Office Use Only
Sufficient activities in module to receive particular Specific Outcome / Module outcome		
Evidence of Critical Cross -field activities		
Content is appropriate		
Module is outcomes based (learner centred)		
Content is logical		
Language and tone is appropriate		
Visuals and layout are appropriate and appealing		
Integration of theory and practical		
Instructions to learner is clear		
Module is user-friendly		

SECTION F: ASSESSMENT PROCESS

Note: This section is only for Learning Programmes linked to Unit Standard/s not Short Courses that cannot be linked to Unit Standard/s

In order for FIETA to review your Assessment Approach linked to the Unit Standard/s we require an Assessment Guide linked to the identified unit standard/s.

Complete the following Self Evaluation Checklist linked to the sample material you have supplied.

DESCRIPTION OF CRITERIA	Yes / No	FIETA Office Use Only
All Assessment Criteria linked to the Unit Standard are covered		
The Assessment is valid, reliable and fair		
Assessment Activities show an integration approach to assessment		
Practical, foundational and reflexive competence is assessed		
Assessment tools are suitable for assessing the applicable Unit Standard		
There are sufficient Assessment Activities to cover the Unit Standard		
Sufficient Templates are used to cover the Phases of Assessment (Planning / Conducting / Making Judgement / Feedback)		
The Assessment Guide is user-friendly		
Instructions to the learner are clear and comprehensive		
Instructions to the assessor are clear and comprehensive		
Model answers / Checklists are supplied		
Assessment decision and feedback documents are adequate		

SECTION G: ASSESSMENT PROCESS For Short Courses ONLY

Explain below your approach regarding *assessment of your learners* linked to your Short Course. (E.g. How do you know that your learners have identified meaning with your Short Courses?)



SECTION H: DECLARATION

- I declare that the above information supplied for this Learning Programme / Short Course Application is correct.
- I acknowledge and allow a FIETA representative to view the whole Learning Programme / Short Course mentioned within this application at my organisation if requested.

NAME OF ORGANISATION REPRESENTATIVE

SIGNATURE OF ORGANISATION REPRESENTATIVE

DESIGNATION

DATE: _____