

FOREST INDUSTRIES EDUCATION TRAINING AUTHORITY



ACCREDITED PROVIDERS QUARTERLY REPORT

FIETA ACCREDITATION NUMBER: _____

OTHER SETA ACCREDITATION NO.: _____

PROVIDER NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

FAX NO.: _____

E-MAIL: _____

REPORT FOR PERIOD: FROM _____ TO _____

Quarterly Report due dates : 1)

2)

3)

4)

PART 1

Quarterly Report for providers who have captured learner achievements electronically on FIETA SMS.

SECTION 1.1

LEARNERSHIP ACHIEVEMENTS

LEARNER FULL NAME	LEARNER ID NUMBER	TOTAL NUMBER OF CREDITS ACHIEVED DURING THIS QUARTER	TOTAL NUMBER OF UNIT STANDARDS COMPLETED DURING THIS QUARTER

RPL ASSESSMENT FOR QUALIFICATION OR UNIT STANDARDS

LEARNER FULL NAME	LEARNER ID NUMBER	ONLY COMPLETE IF RPL FOR A FEW UNIT STANDARDS		ONLY COMPLETE IF RPL FOR FULL QUALIFICATION		
		SAQA UNIT STANDARD ID NUMBER	SAQA UNIT STANDARD CREDIT VALUE	SAQA QUALIFICATION ID NUMBER	LEARNERSHIP REGISTRATION CODE (10Q1000...)	LEARNER -SHIP CREDIT VALUE

LEARNER DROPOUT / DE-ENROLL

LEARNER FULL NAME	LEARNER ID NUMBER	REASON	IF DROPOUT LEARNER WAS REPLACED, SPECIFY REPLACEMENT LEARNER'S ID NUMBER

Please note that a "dropout learner" can only be replaced with another learner within the first month after the learnership start date. Employer to submit letter to FIETA confirming termination/cancellation.

SECTION 1.2

SKILLS PROGRAMME ACHIEVEMENTS

LEARNER FULL NAME	LEARNER ID NUMBER	FIETA REGISTERED SKILLS PROGRAMME TITLE	TOTAL NUMBER OF CREDITS ACHIEVED THIS QUARTER	TOTAL NUMBER OF UNIT STANDARDS COMPLETED THIS QUARTER	PSE TICK IF LEARNER COMPLETED SKILLS PROGRAMME THIS QUARTER

SECTION 1.3

LEARNERS QUALIFIED FOR CERTIFICATION – PROVIDER REQUEST FOR CERTIFICATE (Qualifications only)

LEARNER FULL NAME	LEARNER ID NUMBER	SAQA QUALIFICATION ID NUMBER	LEARNERSHIP REGISTRATION NUMBER (10Q1000...)	DATE OF SUMMATIVE ASSESSMENT (d/m/y)	NAME OF REGISTERED ASSESSOR	ASSESSOR ID NUMBER	QUALIFICATION ACHIEVED THROUGH	
							L/SHIP	RPL

SECTION 1.4

LEARNER PLACEMENT AFTER LEARNERSHIP COMPLETION

LEARNER NAME	LEARNER ID NUMBER	TICK RELEVANT OPTION			
		FULL TIME EMPLOYED	SELF EMPLOYED	FURTHER EDUCATION	SOCIAL PRODUCTION PROGRAMME

SECTION 2.3**LEARNERS QUALIFIED FOR CERTIFICATION – PROVIDER REQUEST FOR CERTIFICATE** (Qualifications only)

LEARNER FULL NAME	LEARNER ID NUMBER	SAQA QUALIFICATION ID NUMBER	LEARNERSHIP REGISTRATION NUMBER (10Q1000...)	DATE OF SUMMATIVE ASSESSMENT (d/m/y)	NAME OF REGISTERED ASSESSOR	ASSESSOR ID NUMBER	QUALIFICATION ACHIEVED THROUGH	
							L/SHIP	RPL

SECTION 2.4**LEARNER PLACEMENT AFTER LEARNERSHIP COMPLETION**

LEARNER NAME	LEARNER ID NUMBER	TICK RELEVANT OPTION			
		FULL TIME EMPLOYED	SELF EMPLOYED	FURTHER EDUCATION	SOCIAL PRODUCTION PROGRAMME

PART 3 (To be completed by all Training Providers)

3.1 TRAINING STAFF

NAME	ID NUMBER	LEVEL OF TRAINING	IN WHICH DISCIPLINES	FULL TIME OR SUB-CONTRACT

3.2 REGISTERED ASSESSORS

NAME	ID NUMBER	FIETA REGISTRATION NUMBER	LEVEL OF ASSESSMENTS	IN WHICH DISCIPLINES	FULL TIME OR SUB-CONTRACT

SUMMARY OF QUARTERLY REPORT

TOTAL NO. TRAINERS	TOTAL NO. ASSESSORS	TOTAL NO. MENTORS	TOTAL NO. MODERATORS	TOTAL NO. LEARNERS TRAINED	TOTAL NO. SHORT COURSES PROVIDED	TOTAL NO. SKILLS PROGRAMMES PROVIDED	TOTAL NO. LEARNERSHIP AGREEMENTS ENGAGED

SUMMARY OF ASSESSMENT

LEARNING INTERVENTION	TOTAL CANDIDATES	TOTAL ASSESSMENTS	TOTAL COMPETENT	TOTAL NOT YET COMPETENT	TOTAL NO. OF ASSESSORS
LEARNERSHIPS					
SKILLS PROGRAMMES					
SHORT COURSES					

I _____ - (Print Full Name) acknowledge that the above information is correct.

Signature of Provider Representative

Date