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| **Legal Name of Skills Development Provider(SDP)** |  | | | | |
| **Qualification information:** | **Qualification / Curriculum Title** | **SAQA ID** | **NQF Level** | **Credits** | **Curriculum Code** |
|  |  |  |  |  |

**An Occupational Qualification consists of three (3) components: Knowledge, Practical and Workplace. By completing this form, the institution should indicate a thorough understanding of how an occupational qualification should be implemented. Please study the relevant qualification document, curriculum document and assessment specification document before completing this form (available on the QCTO website** [**www.qcto.org.za**](http://www.qcto.org.za)**)**

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| **1** | **PROPOSED DURATION FOR THIS QUALIFICATION:** | | | | | | | | | | | |
|  | **FROM (insert date):** |  | | | **TO (insert date):** | | | |  | | | |
|  | | | | | | | | | | | | |
| **2** | **MODULES AND FACILITATORS/LECTURERS: (list all relevant modules; extend table as required to include all modules)** | | | | | | | | | | | |
|  | **Knowledge Modules:** | | **Hours on time-table:** | **Module Code:** | | **Facilitator:**  **(Initials & Surname)** | | **Highest Qualification:** | | **Type of Industry experience & no. of years:** | | |
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|  | **Practical Modules:** | | **Hours on time-table:** | **Module Code:** | | **Facilitator:**  **(Initials & Surname)** | | **Highest Qualification:** | | **Type of Industry experience & no. of years:** | | |
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|  | **Workplace Modules:** | |  | **Curriculum Code:** | |  | | | | | | |
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| **2** | **Confirm whether your institution has all the relevant physical resources for the implementation of this qualification as per curriculum requirements:** | | | | | | | | | | | |
|  | **List of required resources as detailed in the Curriculum: (Extend table as required)** | | | | | | **Module Name:** | | | | **YES:** | **NO:** |
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| **3** | **How would your institution ensure that your staff and learners have a thorough understanding of the occupational qualification, including the final External Integrated Summative Assessment?** | | | | | | | | | | | |
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| **4** | **Explain how your institution would quality assure occupational qualifications offered:** | | | | | | | | | | | |
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