

QUALIFICATION

ASSESSMENT SPECIFICATIONS (QAS) &

QAS ADDENDUM REPORT

NB: This Report is to be compiled by the QP for Qualifications and Part-Qualifications. This report requires the utilisation of a QCTO Curriculum Document Template and is submitted to the QCTO within 10 working days after the QAS Addendum is finalised. This report does not apply to Skills Programmes.

## Quality Partner Organisation Name:

…

## QCTO approved application details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OCCUPATION |  | OFO CODE |  | SPECIALISATION |  |

## Qualification Assessment Specifications Addendum Development Meeting details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE(S) |  | VENUE |  | TIME |  |

## Details of qualification in development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | QUALIFICATION TYPE | QUALIFICATION TITLE | NQF LEVEL | CREDITS |
| 1. |  |  |  |  |

## Details of part qualification(s) in development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | QUALIFICATION TYPE | QUALIFICATION TITLE | NQF LEVEL | CREDITS |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

## Details of SMEs participation in Qualification Assessment Specifications Development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | NAME AND SURNAME | HIGHEST QUALIFICATION | TYPE OF INDUSTRY EXPERIENCE | YEARS OF INDUSTRY EXPERIENCE |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Attach Assessment Specifications Meeting Attendance Register in the QCTO prescribed format

## Comments

…

## Details of SMEs participation in QAS Addendum Development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | NAME AND SURNAME | HIGHEST QUALIFICATION | TYPE OF INDUSTRY EXPERIENCE | YEARS OF INDUSTRY EXPERIENCE |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Attach QAS Addendum Meeting Attendance Register in the QCTO prescribed format

## Comments

…

## Quality partner declaration:

I, …(Name and Surname) on behalf of … (Quality Partner Name), hereby declare that the following documents have been developed:

a) Qualification Assessment Specifications (for public view)

b) QAS Addendum (internal quality assurance document for the development of assessment instruments). All quality control functions in this process has been concluded.

Signed on this …………………… day of … ……………………….…20 …… at ………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Quality Partner Representative)

Witness 1 Name : Witness 1. Signature

…  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2. Name : Witness Signature

… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. QCTO Evaluation

NB: To be completed by the QCTO

**Tick****the applicable box in the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| QAS ADDENDUM CHARACTERISTICS | | | |
| CHARACTERISTICS | DESCRIPTION | YES | NO |
| RELEVANCE | ASSESSMENT INSTRUMENTS WILL BE ABLE TO BE DEVELOPED IN ORDER TO ASSESS REQUIRED OCCUPATIONAL COMPETENCIES. |  |  |
| SET STANDARDS | DEVELOPERS WOULD BE ABLE TO DEVELOP A LARGE NUMBER OF ITEMS FOR THE ITEM BANK ACCORDING TO THE STANDARDS SET IN THE QAS ADDENDUM (EVIDENCE REQUIRED FROM LEARNERS). |  |  |
| ACCURACY | CRITICAL CORE ASPECTS TO BE EXTERNALLY ASSESSED HAVE BEEN COMPILED.  THE FINAL ASSESSMENT METHOD IS THE MOST SUITABLE TO ASSESS THE LEARNER ACHIEVEMENTS AGAINST THE EXIT LEVEL OUTCOMES, AND ENCAPSULATES KNOWLEDGE, SKILLS AND ATTITUDES. |  |  |
| BEST PRACTICE | THE FINAL EISA IS IN LINE WITH NATIONAL AND INTERNATIONAL BEST PRACTICE ASSESSMENT METHODOLOGY. |  |  |

|  |  |
| --- | --- |
| FINAL RECOMMENDATIONS | |
| EVALUATION FINDINGS | RECOMMENDATIONS |
| … | … |
|  |  |

**Tick****the applicable box in the table below:**

|  |  |
| --- | --- |
| YES | NO |
| QUALIFICATION ASSESSMENT SPECIFICATIONS MEETS MINIMUM REQUIREMENTS FOR APPROVAL |  |  |
| QAS ADDENDUM EVALUATED MEETS MINIMUM REQUIREMENTS FOR APPROVAL |  |  |

**Tick****the applicable box in the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EVALUATOR NAME &SURNAME** | **RECOMMENDED FOR APPROVAL** | **RECOMMENDED WITH AMENDMENTS:** | **NOT RECOMMENDED:** |
| … |  |  |  |
| **SIGNATURE** |  | | |
| **DESIGNATION** | … | | |
| **DATE** | … | | |