



**APPLICATION FORM FOR EXTENSION OF ACCREDITATION AND  
SECONDARY ACCREDITATION**

Document Title	Application form for extension/secondary accreditation	Approved	COO
Document Number	ETQA-AF-002	Review	ETQA
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**1: GENERAL INSTITUTION/ORGANISATION INFORMATION**

1.1	Provider name													
1.2	Registered name													
1.3	Accreditation No													
1.4	Primary SETA													
1.5	Postal Address (Head Office):							1.5 Physical Address (Head Office):						
	Area code						Area code							
1.6	Phone number	Area code						1.7 E-mail address						
		Tel. No												
1.7	Fax number	Area code												
		Fax No												
1.8	Contact person 1			First name				Surname						
	Cell number:							E-mail:						
1.9	Contact person 2			First name				Surname						
	Cell number:							E-mail:						
1.10	<p>_____</p> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>													





#### 4: FACILITIES

Area / Items	Remarks	Y	N
<b>LECTURE ROOMS*</b>			
• Tables			
• Seating			
• Lighting*			
• Ventilation*			
• Noise levels*			
<b>TRAINING AIDS</b>			
• OHP			
• White board			
• Data Projector			
• Flip chart			
• Other			
Workshops*			
Practical sites*			
Ablution facilities*			

**Note:**

\* Compliance to OH&S Act requirements

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