



Registration of Assessors

FBE 201

Section 1: Organisation Information

Name of Organisation Employing Assessors:			
Postal Address:			
			Postal Code:
Street Address:			
Province:			
Tel No:		Fax No:	
Contact Person:			
e-mail address:			
Cell No :			

Please tick of the documents that you have submitted:

- 1) Proof of Qualifications of each Assessor applying for Registration
- 2) Proof that each applicant has successfully completed the relevant Assessor Unit Standards
- 3) Applicant's ID copy
- 4) System for the Management of Assessments
- 5) System for the Moderation of training
- 6) Administrative record keeping and Reporting capacity

I hereby declare that all information submitted is correct.

Name of duly authorised signatory

Position

Signature

Date

Application for Assessor Registration with the FoodBev SETA

SECTION 2: Applicant Information (One form to be completed by each Applicant Assessor/ Moderator/ Verifier)

Name of Applicant: _____

ID Number: _____

Formal Qualifications: _____

Experience:

Position	Years

I have successfully completed the following Assessor Unit Standards:

Assessor	Moderator	Verifier
Assmt 01 <input type="checkbox"/>	Assmt 02 <input type="checkbox"/>	Assmt 03 <input type="checkbox"/>

I hereby apply to be registered with the FoodBev SETA as:

Assessor <input type="checkbox"/>	Moderator <input type="checkbox"/>	Verifier <input type="checkbox"/>
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Qualifications/Learnerships, Skills Programmes and Unit Standards for which applying:

Qualifications/Learnerships

No	Qualifications / Learnerships	NLRD Registration No	NQF Level	Please tick of the unit standards included in each Qualification / Learnership which you will assess		
				Fundamental	Core	Elective
1						
2						
3						
4						

Skills Programmes

No	Skills Programmes	SETA Registration No	NQF Level
1			
2			
3			
4			

Unit Standards

(The unit standards listed below should only be those that are not already included in a qualification/learnership or skills programmes in one of the tables above)

No	Unit Standards	NLRD Registration No	NQF Level
1			
2			
3			
4			

Make as many copies of this page as necessary

Complete separate pages for each Assessor

Evaluation of Application

For FoodBev SETA Use Only

Name of Evaluator:

Date Received:

Date Evaluated:

The content of the Tables on the previous page was evaluated as follows:

- 1 Additional Tables were attached to the application and were checked
- 2 Correct registration codes were allocated to all Qualifications
- 3 Correct registration codes were allocated to all Skills Programmes
- 4 Correct registration codes were allocated to all Unit Standards
- 5 Applicant has adequate qualifications to assess the standards
- 6 Applicant has adequate experience to assess the standards
- 7 Applicant has access to suitable assessment guides to assess the standards
- 8 The FoodBev SETA Evaluator recommends that this application be accepted

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If any of the above-mentioned questions resulted in ticking "No", please complete the following:

No	Comments	Actions Required	Date of Actions Required	Completed Satisfactorily	Signature Of Evaluator	Date
1						
2						
3						
4						
5						
6						
7						
8						

Evaluator:

Signature:

Date:

Approved by ETQA Manager

Signature:

Date: