



Request for guidance and support to implement RPL

DNCQF.AD.P04.F01

Name of ETP:

Registered & Accredited? No Yes (Reg. & Accr. No.)

Contact Person:

Postal Address: Email:

Telephone (Office): Cell phone: Facsimile:



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Qualification(s) for which guidance and support is required:

Is the center already offering this qualification: No yes

Is the Qualification already registered in the framework: No yes

Possible RPL candidates:

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Estimated number of possible candidates.

Registered Assessors No Yes if yes how many?

Registered Moderators No Yes if yes how many?

Proposed Date(s): Venue:

Name: Signature: Date:



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BQA OFFICIAL USE

Date request received: Assigned to (AO):

Name: Signature: Date:

Manager Assessment (MA)

Date acknowledgement sent:

Date payment coversheet sent:

Date capacity building workshop undertaken:

Date report submitted to MA:

Name: Signature: Date:

Assigned AO