

ASSESSOR / MODERATOR REGISTRATION RENEWAL REQUEST: (ARRR / MRRR)

DATE of REQUEST : _____ **DATE RECEIVED at CATHSSETA:**

Purpose

This form is for the use of assessors / moderators who are already registered with CATHSSETA but their registration period has expired **or** will expire within the next two months and are requesting re-registration to extend their assessor / moderator registration period.

Assessors / moderators who have **NOT** been active in assessment or moderation for at least one (1) year of the registration period with CATHSSETA prior to the submission of ARRR or MRRR, will be required to resubmit all evidence as required in the initial registration process.
(One year has lapsed since the registration period with CATHSSETA has expired)

Intension of this application:

Assessor re-registration request Moderator re-registration request

A. ASSESSOR / MODERATOR GENERAL DETAILS

Complete the information requested in Section A.

Surname	
First name:	
South African .Id. number:	
Alternative Id. number of non-South African citizen (please specify country)	
Contact details: Tel / Cell no Fax No:	
e-mail address <i>(if none available, please submit provider's)</i>	
CATHSSETA registration number:	

B. CURRENT SCOPE on CATHSSETA database:

Fill in Section B to list your current registered scope.

QUALIFICATIONS:

SAQA ID (e.g. 20155)	National Qualification Title	NQF ¹ Level	Elective unit standards numbers & Title selected within the qualification

SKILLS PROGRAMMES:

SAQA ID (TGD/NatSGd/2/0029)	National Qualification Title	NQF ² Level	Elective unit standards numbers & Title selected within the qualification

UNIT STANDARDS:

List only those that fall **outside** of the above qualifications / skills programmes as single unit standard

SAQA ID (e.g. 7793)	Unit Standard Title	NQF Level	Etqa office use only

C. WORK EXPERIENCE SUPPORTING REQUESTED REGISTRATION RENEWAL:

In section C list assessment / moderation experience which is supporting evidence of your ability to apply for renewal for registration assessor / moderator assessment period the scope requested (each entry must preferably be accompanied by an authenticated reference from the provider concerned).

Copies of assessment / moderation results / reports

Provider Name CATHSSETA Reg No	Assessment / Moderation dates	Programme / US assessed / moderated	Supporting Testimonial	Name: Provider representative

¹ National Qualifications Framework

² National Qualifications Framework

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D. EVIDENCE OF DEVELOPMENT WITHIN FIELD OF EXPERTISE DURING THE PERIOD OF REGISTRATION

Section D may contain other forms of evidence to support development in field of expertise during the period of registration:

The above evidence may be in the form of:

- recent courses / workshops attended / presented in field of expertise
- attendance of assessment or moderator qualification refresher course /seminars / workshop
- membership of SME / subject related forums or associations,

E. CURRENTLY REGISTERED PROVIDER SITES:

Fill in Section E to list sites to which you already linked.

	PROVIDER NAME	PROVIDER CATHSSETA NUMBER	
1.			
2.			
3.			

F. DECLARATION OF AUTHENTICITY BY APPLICANT:

Section F should be completed and signed by the assessor / moderator.

Applicant's Name:	
Applicant's CATHSSETA assessor number:	

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Applicant's contact details: Tel No / Cell No	
Applicant e-mail:	
I hereby declare that the information supplied by the applicant is to the best of my knowledge true and correct.	
Signed: _____ at _____ on / /	

KINDLY SUBMIT COMPLETED FORMS TO: PO BOX 1329, Rivonia, 2128

CATHSSETA USE ONLY:

Received on: / /

Checked on: / /

Captured on: / /

Authenticated by Administrator:

Name: _____ Signature: _____ Date: / /

Approved by External Verifier:

Name: _____ Signature: _____ Date: / /

Data captured by:

Name: _____ Signature: _____ Date: / /