

# PROFILING REPORT TEMPLATE

**NB: This Profile report is to be compiled by the QP and is submitted to the QCTO within 10 working days after the Profiling Meeting.**

## QCTO approved application details:

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

## Profile Meeting details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE |  | VENUE |  | TIME |  |

## Details of qualification intended for development:

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

## Details of part-qualification intended for development:

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

## Details of skills programme intended for development:

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

##  Working Group (WG) member participation in Profile Development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | WORKING GROUP (WG) MEMBER DETAILS (NAME AND SURNAME) | CLASSIFICATION | WG MEMBER WAS INVITED TO THE MEETING *YES/NO* | WG MEMBER ATTENDED THE MEETING *YES/NO* |
| 1. |  | WORKPLACE PRACTITIONER |  |  |
| 2. |  | PROFESSIONAL BODY/ NON-STATUTORY BODY |  |  |
| 3. |  | REGULATORY/STATUTORY BODY |  |  |
| 4. |  | EMPLOYER ASSOCIATION |  |  |
| 5.  |  | EMPLOYEE ASSOCIATION/TRADE UNION |  |  |
| 6. |  | EDUCATION AND TRAINING PROVIDER (PUBLIC) |  |  |
| 7. |  | EDUCATION AND TRAINING PROVIDER (PRIVATE) |  |  |
| 8.  |  | ASSESSMENT SPECIALIST (EXAMINER/ MODERATOR WITH EXPERIENCE) |  |  |
| 9. |  | CURRICULUM DEVELOPMENT SPECIALIST |  |  |
| 10 |  | TEACHING AND LEARNING SPECIALIST  |  |  |
| 11. |  | COUNCIL ON HIGHER EDUCATION/UMALUSI REPRESENTATIVE |  |  |
| 12. |  | HIGHER EDUCATION INSTITUTION/BASIC EDUCATION REPRESENTATIVE |  |  |
| 13. |  | OTHER |  |  |

**NB: Attach Profile Meeting Attendance Register in the QCTO prescribed format**

## Comments

…

## Confirmation that Profile was sent out for verification to broader stakeholders:

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  |  |  |  | NO |  |

## Date when Profile was sent out for verification to broader stakeholders:

|  |  |  |
| --- | --- | --- |
| YEAR | MONTH | DAY |
|  |  |  |  |  |  |  |  |

## Indicate the consultation methods used to verify profile (e.g. Profile emailed to stakeholders with clear timeframe for comments; Profile placed on the website with clear timeframe window for comments; etc.)

…

## Confirmation that Final Profile was sent out to broader stakeholders:

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  |  |  |  | NO |  |

## Date when Final Profile was sent out for verification to broader stakeholders:

|  |  |  |
| --- | --- | --- |
| YEAR | MONTH | DAY |
|  |  |  |  |  |  |  |  |

## Indicate the method(s) used to send/share Final Profile to/with stakeholders (e.g. Final Profile emailed to stakeholders; Final Profile placed on the website; etc)

…

## Quality Partner Declaration:

**I,** …(Name and Surname of Quality Partner Representative),

**declare that the information provided above is an accurate reflection of the proceedings of the scoping meeting as detailed in this report.**

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

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

**Signature (Quality Partner Representative)**

**Witness 1 Name : Witness 1. Signature**

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

**Witness 2. Name : Witness Signature**

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