

# SCOPING REPORT TEMPLATE

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

## QCTO approved application details:

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

## Scoping Meeting details:

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

## Preliminary details of Qualification intended for development:

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

## Preliminary details of Part-Qualification intended for development:

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

## Preliminary details of Skills Programme intended for development:

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

## Analysis of stakeholders consulted for the Scoping Meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| NO | CLASSIFICATION | NUMBER OF PARTICIPANTS WHO WERE INVITED TO THE MEETING | NUMBER OF PARTICIPANTS WHO ATTENDED THE MEETING |
| 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 INSTITUTION REPRESENTATIVE |  |  |
| 13. | OTHER |  |  |
| 14. | TOTAL |  |  |

**NB: Constituency representation of 50%+ is required for QCTO meeting threshold requirements to be satisfied**

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

## Confirmation that occupational Qualification/Part-Qualification/Skills Programme development process and requirements (including roles and responsibilities) were discussed during scoping meeting:

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

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

## Comments

…

## Details of Subject Matter Expert who will facilitate the development of Qualification/Part-Qualifications/Skills Programme:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | SURNAME | EMAIL ADDRESS | CELL NUMBER | TELEPHONE NUMBER |
|  |  |  |  |  |

## Comments

…

## Confirmation that the rationale of the Qualification/Part-Qualifications/Skills Programme was discussed and confirmed by stakeholders during the scoping meeting:

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

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

## Comments

…

## Confirmation that identification of additional stakeholders that are to be consulted in the process of Qualification/Part-Qualifications/Skills Programme development was done:

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

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

## Comments

…

## Confirmation that Working Group Members (WG) who will participate in the Qualification/Part-Qualifications/Skills Programme development process were duly nominated.

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

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

**NB: Attach a list of Working Group Members using QCTO prescribed format**

## Comments

…

## Confirmation that Qualification/Part-Qualifications/Skills Programme development process schedule was outlined and discussed at scoping meeting:

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

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

**NB: Attach Qualification/Part Qualification/Skills Programme Development Schedule in the QCTO prescribed format**

## Comments

….

1. **Quality partner declaration:**

**I,** …**(Name and Surname - 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**

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