



merSETA
MANUFACTURING, ENGINEERING
AND RELATED SERVICES SETA

Site Visit Report Form

DATE:	2	0			-	M	M	-	D	D		CATEGORY	EST	DEV	NEW	
Company Name											SDL NO.	L				
DG Project Link											Size	Small	Medium	Large		

PURPOSE OF VISIT (please tick relevant activity)	
1	SME Advocacy / Support
2	Mandatory Grant Guidance and Support
3	Mandatory Grant Monitoring and Evaluation (audits)
4	Training committee Guidance and support
5	Apprentice Monitoring and Evaluation (including disputes)
6	Workplace Approval/Preregistration
7	Accreditation/ Program approval support
8	Project Guidance and Support (AATP/ Special Projects)
9	Discretionary grant tranche application (including Desktop applications)
10	Discretionary Grant Monitoring and Evaluation

ENSURE THAT THE MAJORITY OF THE ABOVE IS COMPLETED IN ONE VISIT.

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 1 of 9	*Last Revision Date	08 November 2013
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Review: Snr Manager: Client Services		Approved: CEO	

A.ORGANISATIONAL DETAILS:

Organization Name													
Site Name													
Contact Person Title		Name				Surname							
Physical Address		Cell Number				Postal Address							
Province		Town/City											
Telephone		Postal Code											
Fax Number		E-mail Address											
Company Registration No						Type of Company (e.g. CC or PTY Ltd)							
Rural/Urban		Municipality				Number of Employees							
Existing Member		Other SETA		NGO/CBO/NPO		Private Service Provider				Public Provider			
Levy Paying		Levy Exempt		Chamber:		Auto	Plastic	Motor	Metal	New Tyre	SIC Code		
SETA Transfer Required		SETA Registration Required				Chamber Transfer Required							

B.ACTION PLAN TO IMPROVE COMPANY CATEGORY:

CRITERIA :		RISK/ACTION :	
1. Paying levies			
2. Submission WSP & ATR			
3. 50% Learners Employed			
4. 65% Learners Pass Rate			
5. Training Committee			

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 2 of 9	*Last Revision Date	08 November 2013
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C.WORKPLACE APPROVAL:

New Application	Yes	No	Extension of scope/ range	Yes	No
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Please indicate SITE or SITES:

SITE NAME	ADDRESS

Workplace Approval History

Previously approved as a workplace for artisan Training Approval by which Seta (s)	Yes	No
List workplace approval already received (attached evidence)		
Workplace approval Period		

List the trade which workplace approval is applied for, e.g. Trades / Qualification (specialisation) / Skills programmes per site

SITE NAME	REGISTRATION NO	NQF LEVEL/ OFO CODE	TRADE / PROGRAMME / QUALIFICATION (SPECIALISATION) TITLE

**LIST OF QUALIFIED ARTISANS/TRAINERS/SUBJECT MATTER EXPERTS (SME)
per site if more then**

SITE NAME	FULL NAMES	IDENTITY NUMBER	TRADE/QUALIFICATION

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 3 of 9	*Last Revision Date	08 November 2013
Revision Number	Rev 05	Access	Controlled

SITE	TRADES/LEARNING AREA (ATTACH EVIDENCE)	NUMBER OF ARTISANS/SME	NUMBER OF LEARNERS IN THE SYSTEM

WORKPLACE SUITABILITY

Type	Description	Yes	No	Revisit Date
Equipments and tools	As per relevant skills area			
	Relevant for learner ratio			
	Relevant to core work			
	Access to material and consumables applicable to the structured workplace learning in the trade/s workplace is applied for.			
	Ability to cover the entire scope and duration of the workplace component. If no attached evidence of agreement.			
Record keeping and Mentoring	Effective Record keeping in place			
	Suitable qualified mentors for the trade/s workplace approval is applied for			
Safety	Workplace layout and working environment is safe and conducive to effective workplace learning			
	Health and Safety Officer *(Attach Certificate)			
	Protective wear available/issued			

PROSPECTIVE TRAINING NEEDS (identify where the employer could do training)

PER SITE	SKILLS AREAS/TRADES	NUMBER OF SUBJECT MATTER EXPERTS	AMOUNT THAT CAN BE ACCOMODATED	RECOMMENDATIONS

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 4 of 9	*Last Revision Date	08 November 2013
Revision Number	Rev 05	Access	Controlled

D.LEARNER MONITORING	
PROGRESS OF APPRENTICES/LEARNERS (no. of modules completed, CBMT level completed, total credits) *(Attach CLO Learner Tracking Report)	
List of all learners to be obtained from the Datanet/SMS System	
All learners to be placed on Learner Monitoring Tool	
Completed CLO Tracking Report to be attached to Site Report as evidence of learner progress	
Have the Experiential/ Intern information been uploaded on SMS	

QUESTIONNAIRE (NOTE TO THE CLO: These are a sample of questions to be used but if necessary you may add additional questions.)		
1.	Did the apprentice/learner receive the toolbox with the relevant tools?	
2.	Is the learner exposed to all the training requirements as per the log book or training schedule?	
3.	Is the learner satisfied with the training?	
4.	Does the learner have a problems or barriers relating to the training?	
5.	Does the learner have access to a mentor?	
6.	Does the learner have access to a FET college or Training Provider?	
7.	Is the apprentice in possession of N1/N2 certificate or equivalent?	
8.	Is the apprentice receiving minimum wages according to prescribed Bargaining Council wages?	
9.		
10.		

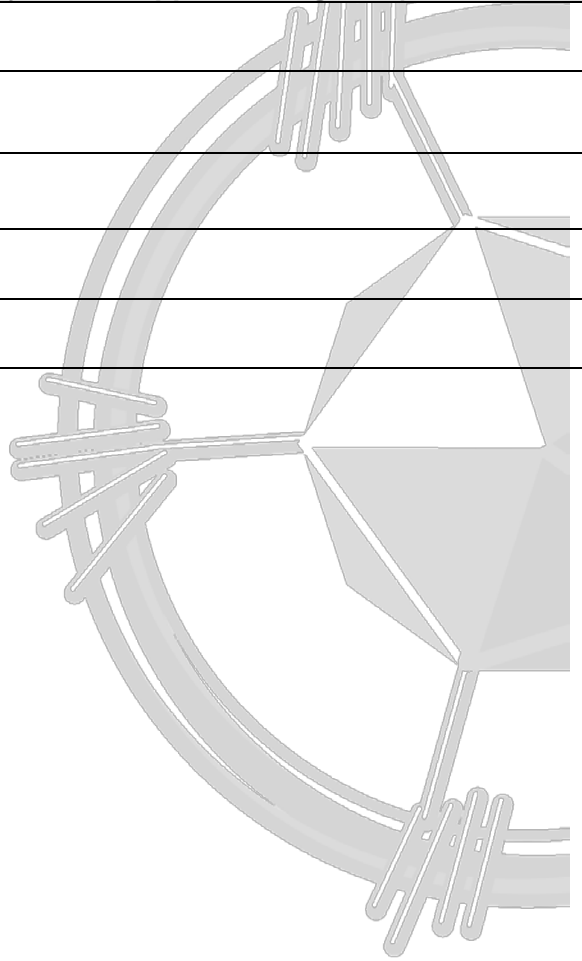
E.DISCRETIONARY GRANTS IMPLEMENTATION
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DG Window	Tranche Payment	Learning Programme	MoA/ Addendum Allocation	No. Registered/Started	No progressed/ Completed

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 5 of 9	*Last Revision Date	08 November 2013
Revision Number	Rev 05	Access	Controlled

Activity	DG	Programme	Verified Evidence
What evidence has been attached against each learning programme?			

OUTCOMES AND RECOMMENDATIONS (e.g. Payment of apprentices grants)



Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 6 of 9	*Last Revision Date	08 November 2013
Revision Number	Rev 05	Access	Controlled

F. MANDATORY GRANTS VERIFICATION (where you indicate NO please comment)

Grant Year	
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SDF			
Employer Affiliation			
Unionized (indicate which union(s)	Y	N	
Involvement of training committee(please attached minutes)	Y	N	
Employer Representative	Y	N	
Union/ Employee Representative	Y	N	
Mandatory Grant signed off by all parties where relevant	Y	N	

Audit checklist – Workplace Skills plan

	Yes	No	Comment
Completion of all pages (as per submission)			
Number of employees (EMP201)			
Training needs identified			
Has training commenced			
Will company be able to complete identified training for the relevant year			

Audit checklist – Annual Training Report

	Yes	No	Comment
Completion of all pages (as per submission)			
Training completed as per previous year's Workplace skills plan			
Proof of training verified			

Audit checklist – Pivotal Plan

	Yes	No	Comment
Completion of all pages (as per submission)			
Is the programs identified Pivotal programs			

Document Title	Site Visit Report Form		
Document Number	CSD-FM-005	Date Compiled	01 June 2009
Page Number	Page 7 of 9	*Last Revision Date	08 November 2013
Revision Number	Rev 05	Access	Controlled

SUMMARY AND ACTION TO TAKE PLACE SITE VISIT

Event Logged on System		Date:	
Desktop			
Time logged in at company		Time logged out at company	

<p>COMPANY REPRESENTATIVE</p> <p>_____</p> <p align="center">FULL NAME</p> <p>_____</p> <p align="center">DATE</p> <p>_____</p> <p align="center">SIGNATURE</p>	<p>merSETA REPRESENTATIVE</p> <p>_____</p> <p align="center">FULL NAME</p> <p>_____</p> <p align="center">DATE</p> <p>_____</p> <p align="center">SIGNATURE</p>
<p>RECOMMENDATION BY merSETA CRM</p> <p>_____</p> <p align="center">FULL NAME</p> <p>_____</p> <p align="center">DATE</p> <p>_____</p> <p align="center">SIGNATURE</p>	

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