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APPLICATION FORM TO BECOME A “RECOGNISED TRAINING PROVIDER”

I/We, the undersigned, do hereby make application to become recognised as an IWH **Professional Body approved** Training Provider for Work at Height related training. I/We agree, if our application is successful, to abide by all Legislation applicable to the industry, any Rules and decisions of the IWH PB as may be determined from time to time, the upload and registration of all trained W@H practitioners and payment of fees when due. I/We in addition to the above, will unreservedly enter into the Registered Practitioner Process* of the IWH PB.

Note

If you have not yet received formal accreditation from any of the SETA ETQA's at the time of applying for Recognition with the IWH Professional Body please note the following will prevail:

- You will be required to show us proof of your accreditation with your relevant SETA ETQA.
- You will be required to show us proof of assessors and moderators registration with the relevant SETA ETQA.

After the above process has been successfully completed, the IWH Professional Body will accept your application and send you a “Recognised Training Provider Certificate” in acknowledgment of being approved by the IWH PB.

1. DETAILS OF APPLICANT

Trade name of Training Provider:	
Sole Proprietor, Partnership, Ltd or Pty Ltd Company or CC:	
Street Address:	
Postal address:	
E-mail address:	
web-site address:	
Telephone No:	
Fax No:	

Full names of Proprietor, Partners, Directors, Members:

Name and contact details of representative to whom all correspondence should be directed to i.e. the main contact person.

Name:	Cell:	E-mail address:

Additional persons in your organisation to email/contact with regard to specified activities:

Name:	Position in Organisation	E-mail address:
	INVOICES/ACCOUNTS	
	Feedback on uploads	
	CEO/MANAGER	

2. **DATE OF ESTABLISHMENT OF BUSINESS:** _____

3. **SCOPE OF TRAINING:**

- | | |
|---|--|
| <input type="checkbox"/> MEWP | <input type="checkbox"/> ROPE ACCESS |
| <input type="checkbox"/> SCAFFOLDING | <input type="checkbox"/> FALL ARREST AND FALL PREVENTION |
| <input type="checkbox"/> TOWERS AND LADDERS | <input type="checkbox"/> SUSPENDED ACCESS EQUIPMENT |
| <input type="checkbox"/> FALSEWORK | |

4. **OTHER TRAINING SITES OF DELIVERY**

Do you have any other sites of delivery? YES/NO

If yes, state addresses of those sites:

ADDRESS
1.
2.
3.
4.

5. **REGISTRATION**

Company Registration Number with CIPC:	
VAT Number (if applicable):	
Income Tax Number:	
UIF Number:	

6. **INSURANCE**

Note: This Insurance is a statutory requirement and shall be a minimum of R 1 000 000

Compensation for Occupational Injuries and Diseases Act (COID) Registration No:

State the name of the insurance company with whom you have Public Liability cover:

What is the amount of cover you hold?

7. **OCCUPATIONAL HEALTH & SAFETY ACT 85 OF 1993**

Do you comply with all relevant sections of the current Act which apply to your business? YES/NO

8. **COMPANY AUDITOR**

Name:	
Address:	
Telephone No:	
E-mail address:	

Authorised by: CEO	Created date: February 2017	Doc: IWH-F003 Version: Rev 3	Review date: February 2019
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9. AUDIT

The recognition process will include a site audit which will be carried out by an IWH Professional Body approved auditor. The checklist will be provided to the provider before the visit so that the provider can prepare themselves properly. The initial, **once off audit fee is R 2 800**, which has to be paid upfront before the site audit will be arranged. The provider will also pay an annual provider fee, which will be determined on a year to year basis.

The cost for an IWH Prof Body Audit is for the provider’s own pocket. In all instances before an audit is undertaken a written quotation detailing the cost per site will be given to the applicant as well as the name of the auditor selected. The provider reserves the right to request another auditor if the auditor chosen by the IWH Prof Body might pose potential conflict of interest for the provider.

Costs incurred for any required subsequent follow-up site visit/s will be for the account of the applicant.

<p><i>ANNUAL SUBSCRIPTION (includes Membership with Trade Association)</i> <i>R 4 500 per annum (if it is a micro enterprise) or R5 500 (Normal Enterprise) or R10 500 (Large Enterprise) excl VAT Plus</i> <i>R1 200 excl VAT (Provider fee to be paid in September annually) – new providers will be invoiced pro-rata</i> <i>INITIAL AUDIT FEE</i> <i>R2 800.00 once off plus VAT</i> <i>Travelling costs will be charged in the event of flights and accommodation and if more than a 50km radius from the IWH.</i> AUDIT FEE: Payable on application – not refundable APPLICATION FEE: Payable on successful audit – not refundable</p>

10. ACCREDITATION (If not yet accredited please refer to the Note at the end of this item)

We are a **primary accredited** Training Provider with the following:

Primary Focus SETA ETQA:	
Accreditation Number:	

Secondary recognition with other SETA’s:

SETA	ACCREDITATION No
SETA	ACCREDITATION No
SETA	ACCREDITATION No
SETA	ACCREDITATION No

Note: Please attach your accreditation reports from each SETA

We are accredited and/or train to the following unit standards:

Qualifications That Include Work at Height Unit Standards

SAQA ID	QUALIFICATION TITLE	LEVEL	CREDITS

NOTE

- Once your application to be a Recognised Training Provider has been accepted, you may then apply to become a member of the IWH Trade Institute by completing a membership application form www.ifwh.co.za

FOR OFFICE USE ONLY

The IWH PB Board hereby approve _____

as a Training Provider for Work at Height Related Training as per their application.

SIGNATURE: _____ **DATE:** _____
(Board Chairperson)

Note

The IWH Professional Body reserves the right to accept or reject any application for Registration.

Annexure “A”

List of current registered LNQ Programmes:

LNQ No.	LEARNING PROGRAMME NAME
20130001	TSP ERECTOR
20130002	TSP USER/OPERATOR
20130003	MEWP Practitioner Fall Prevention Programme
20140004	Ladder User Level 1 (max height 9 meters)
20140005	Working in a Fall Prevented environment
20140006	Ladder User Level 2 (max height 14 meters)
20140007	Ladder User Level 3 (max height 20.3 meters)
20140008	Ladder Inspector
20150009	General Worker: Scaffold and/or Falsework
20150010	Climbing Equipment Management and Inspection
20150011	Basic anchor placement and bolting operations at height
20170020	Kwik-Stage
20170021	Tifa-Flex Wall System
20170022	Tifa-Lite
20170023	Tifa
20170024	Econo-Form
20170025	Kwik-Deck
20170029	Temporary Works Design Course
20170030	Introduction to Fall Protection for Fall Protection Planners

List of current recognised NQF skills programmes and designations:

DESIGNATION TITLE/SKILLS PROGRAMME	Unit Standard NUMBER/s
MEWPS	
MEWP Practitioner	229998 or LNQ 201303; 243272
Specialised Access Equipment Demonstrator	117877; 229998; 243272
MEWP Safety and Transport Controller	229998; 243272; 243276; 243273
ROPE ACCESS	
Rope Access Technician (Lev 1)	229998; 230000
Rope Access Practitioner (Lev 2)	229998; 230000; 229996
Rope Access Supervisor (Lev 3)	229998; 230000; 229996; 229997; 230001
FALL ARREST/FALL PROTECTION	
Basic Fall Arrest Technician	229998
Fall Arrest Technician	229998; 229995
Fall Arrest Rescue Coordinator	229998; 229995; 229999; 230000
Fall Protection Planner	229998; 229994
Fall Arrest Supervisor	229998; 229995; 229999; 229994
TEMPORARY SUSPENDED ACCESS	
TSP Erection Supervisor	243271
ALUMINIUM TOWERS/SCAFFOLD	
Aluminium Scaffold Erector	243275
Aluminium Scaffold Erector Supervisor	243275; 243274
SCAFFOLD	
Scaffold Hand	229998; 263247
Scaffolder	229998; 263247; 263245
Advanced Scaffolder	229998; 263247; 263245; 116691
Scaffold Inspector/Supervisor	229998; 263247; 263245; 116691; 263224; 263205

FALSEWORK TO BE ADDED SOON...

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