

# FINAL VERIFICATION 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 Final Verification Meeting.**

## QCTO approved application for which the Final Verification Meeting was conducted:

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

## Final Verification Meeting details:

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

## Details of Qualification for which Final Verification is conducted:

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

## Details of Part-Qualification for which Final Verification is conducted:

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

## Details of Skills Programme for which Final Verification is conducted:

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

## Analysis of stakeholders consulated for Final Verification:

##

|  |  |  |  |
| --- | --- | --- | --- |
| 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/LABOUR 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 REPRESENTATIVE |  |  |
| 12. | HIGHER EDUCATION INSTITUTION REPRESENTATIVE |  |  |
| 13. | OTHER |  |  |
| 14. | TOTAL |  |  |

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

## 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

…

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**

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