

This is a guide on how to complete the required documents for the Advanced Occupational Diploma Fraud Examiner.

DOCUMENT 1: MEMORANDUM OF UNDERSTANDING AND NON-DISCLOSURE AGREEMENT

The purpose: To provide peace of mind to the employer and the learner employee that information will remain confidential and that the Skills Development Provider do not require detail content but just the signed Statement of Workplace Experience.

Fields to complete:

Front Page:

1. **Employer Name** is the name of the company, institution, or government department you are employed at.
2. **Registration Number** is the CIPC registration number the company or institution you are employed at. If employed by a government department fill this field with *{Not Applicable}*.
3. **Learner Name** as it appears on you South African ID or your Passport.
4. **Learner Identity Number** as it appears on you South African ID. If you do not have an RSA ID, insert your Passport #, Country of Issue and Expiry date on your passport.

MEMORANDUM OF UNDERSTANDING AND NON-DISCLOSURE AGREEMENT

Made and entered
into by and between

Employer Name: _____

Registration Number: _____

And

Learner Name: _____

Learner Identity Number: _____

And

Skills Development Provider:
Forensic Academy Africa (Pty) Ltd
Registration Number: 2012/033010/07
Accreditation Number: 07-QCTO/SDP171025035245
Represented by Wilma Olivier (Director)

Pages 2-7:

1. Employer representative and employee learner must Initial each page

Pages 8:

1. **Thus, done and signed at** *{City/Town where you are when you sign the document}* on this the *{specific}* day of *{Month}* 20 *{yy}*.
2. The employer representative sign above the line above the words **For the Employer**
3. **Thus, done and signed at** *{City/Town where you are when you sign the document}* on this the *{specific}* day of *{Month}* 20 *{yy}*.
4. The employee learner sign above the line above the words **Learner**.
5. **Thus, done and signed at** *{City/Town where you are when you sign the document}* on this the *{specific}* day of *{Month}* 20 *{yy}*.

Thus, done and signed at _____ on this the _____ day of
_____, 20____ -

For the Employer

Thus, done and signed at _____ on this the _____ day of
_____, 20____ -

Learner

Thus done and signed virtually using the last date of the parties above.



W. Olivier
For Skills Development Provider
Forensic Academy Africa (Pty) Ltd

DOCUMENT 2: STATEMENT OF WORK EXPERIENCE

The purpose: To sign off on workplace experience of the employee learner either through exposure during the qualification, current or previous experience in the **Establish an anti-fraud organisational culture, Develop a fraud management plan, Apply legal principles to examinations, and Conduct fraud investigations.**

Fields to complete on Page 1:

Learner Details:

- Learner Full Names and Surname** as it appears on you South African ID or your Passport.
- Identity Number** as it appears on you South African ID. If you do not have an RSA ID, insert your Passport #, Country of Issue and Expiry date on your passport.
- Learner Cell Phone #** as used for WhatsApp and taking phone calls.

Employer Details:

- Name of Institution** is the name of the company, institution, or government department the learner is employed at.
- Postal Address** is the employer postal address.
- Supervisor Name and Surname** is the name and surname of the person you report to and that would likely be the person signing this Statement of Work Experience.
- Supervisor Position** is the position of the supervisor within the institution the learner is employed at.
- Work Telephone #** of your office or the cell phone contact details of the supervisor.
- Work E-Mail** is the e-mail of the supervisor that would likely be the person signing this Statement of Work Experience.
- Both parties to initial Pages 1.

Annexure A

STATEMENT OF WORK EXPERIENCE

Skills Development Provider:

Forensic Academy Africa (Pty) Ltd

Accreditation Number:

07-QCTO/SDP171025035245

Qualification Number:	123002
Qualification Title:	Advanced Occupational Diploma: Fraud Examiner

Learner Details	
Full Name and Surname:	
ID Number:	
Learner Cell Phone #:	

Employer Details	
Name of Institution:	
Postal Address:	
Supervisor Name and Surname:	
Supervisor Position:	
Work Telephone #:	
Work E-Mail:	

Fields to complete on Page 2:

Insert a tick  in each of the blocks where the word "Tick" appears.

Example Page 2 of 4

242215000-WM-01, Establish an anti-fraud organisational culture, NQF Level 7, Credits 10

WM-01-WE01	Define Fraud Prevention Policy	
Scope Work Experience		
WA0101	Draft fraud prevention policies	Tick
WA0102	Analyse fraud-related responsibilities of management, staff, and auditors	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	Anti-fraud policy document that addresses specific Anti-fraud elements	
WM-01-WE02	Conduct fraud prevention program	
Scope Work Experience		
WA0201	Conduct a fraud prevention program, including procedures to prevent fraud	Tick
WA0202	Draft Anti-fraud policy	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0201	Draft fraud prevention program	
SE022	Draft policy document addressing specific elements	
Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)		
1	Organisational culture and processes	
2	Organisational vulnerabilities	

242215000-WM-02, Develop a fraud management plan, NQF Level 7, Credits 10

WM-02-WE01	Draft a fraud risk management plan	
Scope Work Experience		
WA0101	Analyse the existing fraud risk management practices in the organisation	Tick
WA0102	Established fraud-related responsibilities	Tick
WA0103	Draft Fraud Risk Management Program	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	A policy document that addresses the specific fraud risks of the organisation	
SE0102	Fraud Risk Management plan that covers the components crucial to effectively manage the organisation's or departments' fraud risks	
Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)		
1	Information pertaining to the fraud investigation	
2	Business Focus and Processes	
3	Business Protocol	

Fields to complete on Page 3:

Insert a tick  in each of the blocks where the word "Tick" appears.

Example Page 3 of 4

242215000-WM-03, Apply legal principles to examinations, NQF Level 7, Credits 10

WM-03-WE01	Submitted a report all of the learner ability in managing and conserving evidence in accordance with legal requirements and chain of custody protocols, guaranteeing it's integrity and admissibility in court.	
Scope Work Experience		
WA0101	Draft a report on the learners proficiency in handling, preserving, and documenting evidence according to chain of custody protocols and legal requirements, maintaining its integrity and admissibility in legal proceedings.	Tick
WA0102	Draft a report demonstrating the learners adherence to procedural fairness, due process, and ethical standards throughout the investigative process, including respecting the rights of individuals, maintaining confidentiality, and conducting investigations impartially and transparently.	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	Report on the participation of the learner in fraud investigations with reference to the nature of the frauds that was investigated the legal issues involved, process followed to maintain chain of custody.	

Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)		
1	Organisational culture and processes	
2	Organisational vulnerabilities	
3	Legal principles	

242215000-WM-04, Conduct fraud investigations, NQF Level 7, Credits 10

WM-04-WE01	Submit a report on the learner's role and responsibility during a fraud investigation	
Scope Work Experience		
WA0101	Participate in gathering, preserving, and analysing evidence relevant to fraud investigations.	Tick
WA0102	Demonstrating effective problem-solving skills and decision-making abilities when faced with complex fraud scenarios	Tick
WA0103	Identifying patterns of fraudulent behaviour, assessing risks, and devising investigative strategies to address fraudulent activities.	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	Report on participation in a fraud investigation with reference to the nature of the fraud that was investigated, planning process, techniques used, preservation of evidence and applicable legislation. No detail regarding the facts of the investigation, nor the results of the investigation, must be referenced.	

Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)		
1	Information pertaining to the fraud investigation	
2	Business Focus and Processes	
3	Business Protocol	

Insert a tick ✓ in each of the blocks where the word “Tick” appears.

Example Page 4 of 4

Knowledge and Practical Modules	Acknowledging that additional assignments are to be assessed by the Skills Development Provider	Tick
External Integrated Summative Assessment	Acknowledging that the External Integrated Summative Assessment is to be Externally Assessed at an accredited Assessment Centre, quality assured by the relevant Quality Partner.	Tick

We, the Employer and the Learner, declare that the above requirements were met and monitored.

Declaration by Learner	Date	Learner Signature
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Declaration by Employer	Date	Supervisor Signature
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Office Use Only	Statement of Workplace Experience on file at Skills Development Provider.	Thus, done and signed virtually using the last date of the parties above.
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Dates: These dates should not be before the date on the application for admission.

Learner Signature: The signature of the learner.

Supervisor Signature: The signature of the supervisor of the learner.