

This is a guide on how to complete the required documents for the Occupational Certificate Anti Money Laundering Analyst.

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 password.

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}*.

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/SDP060626072007
Represented by Dahné du Toit (Registrar)

- (b) The Employer commits to exposing and monitoring the Learner to the Workplace Modules as found in the curriculum of the Advanced Occupational Certificate: Anti Money Laundering Analyst (ID 118250) and as and when scheduled by the Skills Development Provider (Forensic Academy Africa).
- (c) The Employer commits to provide the Skills Development Provider (Forensic Academy Africa) with a signed Statement of Work Experience (Annexure A) as and when scheduled by the Skills Development Provider (Forensic Academy Africa) and covering the following competencies to be exposed to.

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.



For Skills Development Provider
Forensic Academy Africa (Pty) Ltd

Annexure A

Statement of Workplace Experience
(Next Pages)

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 four focus areas.

Fields to complete on Page 1:

Learner Details:

1. **Learner Full Names and Surname** as it appears on you South African ID or your Passport.
2. **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.
3. **Learner Cell Phone #** as used for WhatsApp and taking phone calls.

STATEMENT OF WORK EXPERIENCE

Skills Development Provider:
Forensic Academy Africa (Pty) Ltd

Accreditation Number:
07-QCTO/SDP060626072007

Qualification Number:	118250
Qualification Title:	Occupational Certificate: Anti Money Laundering Analyst

Employer Details:

1. **Name of Institution** is the name of the company, institution, or government department the learner is employed at.
2. **Postal Address** is the employer postal address.
3. **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.
4. **Supervisor Position** is the position of the supervisor within the institution the learner is employed at.
5. **Work Telephone #** of your office or the cell phone contact details of the supervisor.
6. **Work E-Mail** is the e-mail of the supervisor that would likely be the person signing this Statement of Work Experience.
7. Both parties to initial Pages 1.

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 Pages 2-4:

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


Example Page 2 of 5

241108-001-00-WM-01 - Client screening processes, NQF Level 5, Credits 36

WM-01-WE01	Exposure to the screening of a range of types of clients	
Scope Work Experience		
WA0101	Access systems	Tick
WA0102	Conduct system and manual screening	Tick
WA0103	Report on screening findings	Tick
WA0104	Escalate risks and anomalies	Tick
Contextual Workplace Knowledge: All relevant organisational compliance requirements, policies, procedures, and standing operating processes and related rules and codes of conduct		
Supporting Evidence: (For Employer Attention – Submission NOT required)		
SE0101	Completed screening reports	
SE0102	Supervisors report	

WM-01-WE02	Exposure to the specific systems utilised for screening	
Scope Work Experience		
WA0201	Complete compliance training	Tick
WA0202	Receive clearance to operate	Tick
WA0203	Access and use the system	Tick
Contextual Workplace Knowledge: The focus of the learning in this module is to provide learners with an opportunity to gain experience in the application of the skills and knowledge required to screen clients within financial institutions in order to identify potential risks related to bribery, corruption, money laundering and the support of terrorist activities and organisations.		
Supporting Evidence: (For Employer Attention – Submission NOT required)		
SE0201	System log	
SE0202	Supervisors report	

241108-001-00-WM-02, Transaction screening processes, NQF Level 5, Credits 44

WM-02-WE01	Exposure to the financial products and services used within the organisation	
Scope Work Experience		
WA0101	Complete in-house product training	Tick
WA0102	Complete in-house compliance training	Tick
WA0103	Support the administration of product utilisation by clients	Tick
Contextual Workplace Knowledge: Product knowledge and all relevant organisational compliance requirements, policies, procedures, standing operating processes and related rules and codes of conduct		

Fields to complete on Page 3:

Insert a tick in each of the six [6] blocks where the word "Tick" appears.

Example Page 5 of 5

241108-001-00-WM-05, Processes of submitting required reports to the regulator, NQF Level 6, Credits 8

WM-05-WE01	Clarify regulator requests source the required data and submit required reports	
Scope Work Experience		
WA0101	Submit reports to the regulator	Tick
WA0102	Deal with regulator requests and queries	Tick
WA0103	Use an appropriate regulator information system	Tick
Contextual Workplace Knowledge: All relevant organisational compliance requirements, policies, procedures, and standing operating processes and related rules and codes of conduct		
Supporting Evidence (For Employer Attention – Submission required)		
SE0102	Supervisor report	

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.

Knowledge and Practical Modules	Acknowledging that additional assignments are to be assessed by the Skills Development Provider	Tick
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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
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We, the Employer and the Learner, declare that the above requirements were met and that they were 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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