

This is a guide on how to complete the required documents for the Occupational Certificate Compliance Officer.

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.

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/SDP151025042452
Represented by Dahné du Toit (Registrar)

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}*.

- (b) The Employer commits to exposing and monitoring the Learner to the Workplace Modules as found in the curriculum of the Advanced Occupational Certificate: Compliance Officer (ID 91671) 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/SDP151025042452

Qualification Number:	91671
Qualification Title:	Occupational Certificate: Compliance Officer

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 & 2.

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 six [6] blocks where the word "Tick" appears.

Example Page 2 of 15

242207000-WM-01, Compliance risk management design and implementation processes, NQF Level 6, Credits 18

WM-01-WE01	Assist management in the design, development and implementation of compliance frameworks	
Scope Work Experience		
WA0101	Assist management to implement or review compliance structures that will encourage a compliance culture	Tick
WA0102	Design and develop or review and revise compliance policies or charters and manuals	Tick
WA0103	Facilitate approval of a compliance policies or charters and manuals by senior management and governance committees (for example board or audit committee)	Tick
WA0104	Assist in implementing new or revised compliance policies or charters and manuals	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	Approved up-to-date compliance policies or charters and manuals	
SE0102	Records indicating implementation of new or revised policies or charters	

WM-01-WE02	Communicate key aspects of the compliance policies or charters and manuals to compliance stakeholders	
Scope Work Experience		
WA0201	Communicate the compliance policies or charters and manuals to staff	Tick
WA0202	Communicate the compliance policies or charters and manuals to management	Tick
WA0203	Communicate the compliance policy or charter and manual to other compliance stakeholders	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0201	Compliance stakeholders sign-off of policies or charters and manuals	

Fields to complete on Page 3:

Insert a tick  in each of the four [4] blocks where the word "Tick" appears.

Example Page 15 of 15

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 that they were monitored.

Dates: These dates should not be before the date on the application for admission.

Declaration by Learner	Date	Learner Signature
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Learner Signature: The signature of the learner.

Declaration by Employer	Date	Supervisor Signature
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Supervisor Signature: The signature of the supervisor of the learner.

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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