

This is a guide on how to complete the required documents for the Occupational Certificate Office Administrator.

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.

MEMORANDUM OF UNDERSTANDING AND NON-DISCLOSURE AGREEMENT

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.

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)

(b) The Employer commits to exposing and monitoring the Learner to the Workplace Modules as found in the curriculum of the Advanced Occupational Certificate: Office Administrator (ID 102101) 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)

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}.

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.

Annexure A

STATEMENT OF WORK EXPERIENCE

Skills Development Provider:

Forensic Academy Africa (Pty) Ltd

Accreditation Number:

07-QCTO-SDP151025042452

Qualification Number:	102161
Qualification Title:	Occupational Certificate: Office Administrator

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 - 20.

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 20


334102002-WM-01, Perform administrative and meeting support functions to support management processes, NQF Level 5, Credits 12

WM-01-WE01	Perform day-to-day administrative tasks such as maintaining information files and processing paperwork	
Scope Work Experience		
WA0101	Set up and manage paper or electronic filing systems, recording information, updating paperwork, or maintaining documents, such as attendance records, correspondence, or other material	Tick
WA0102	Operate office equipment, such as fax machines, copiers, or phone systems and arrange for repairs when equipment malfunctions	Tick
WA0103	Maintain scheduling and event calendars	Tick
WA0104	Complete forms in accordance with company procedures	Tick
WA0105	Schedule and confirm appointments for clients, customers, or supervisors	Tick
WA0106	Make copies of correspondence or other printed material	Tick
WA0107	Locate and attach appropriate files to incoming correspondence requiring replies	Tick
WA0108	Open, read, route, and distribute incoming mail or other materials and answer routine letters	Tick
WA0109	Review work done by others to check for correct spelling and grammar, ensure that company format policies are followed, and recommend revisions	Tick
WA0110	Manage projects or contribute to committee or team work	Tick
WA0111	Mail newsletters, promotional material, or other information	Tick
WA0112	Order and dispense supplies	Tick
WA0113	Establish work procedures or schedules and keep track of the daily work of clerical staff	Tick
WA0114	Prepare and mail checks	Tick
WA0115	Distribute incoming mail	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0101	Editing (accuracy, spelling, format)	
SE0102	Filing	
SE0103	Supplies/asset register	
SE0104	Procedures developed	
SE0105	Schedules	
SE0106	Training packs	
SE0107	Electronic diary	

Fields to complete on Page 3:

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

Example Page 20 of 20

WM-10-WE05	Identify and advise on barriers and discriminatory practices re disability	
Scope Work Experience		
WA0501	Identify disability barriers in the workplace	Tick
WA0502	Suggest possible remedial actions to improve disability access in the workplace	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0501	Disability access improvement suggestions	

Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)	
1	Relevant understanding of the organisation processes and procedures
2	The nature of the organisation code of conduct standards
3	Organisational procedures for internal and external communication and liaison with internal and external clients
4	Organisational procedures for employee wellness
5	Disability regulations

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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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.

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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