

This is a guide on how to complete the required documents for the Occupational Certificate Project Manager.

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 your South African ID or your Passport.
4. **Learner Identity Number** as it appears on your South African ID. If you do not have an RSA ID, insert your Passport #, Country of Issue and Exp date on your passport.

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-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: Project Manager (ID 101860) 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.

Annexure A

STATEMENT OF WORK EXPERIENCE

Skills Development Provider:
Forensic Academy Africa (Pty) Ltd

Accreditation Number:
07-QCTO-SDP151025042452

Qualification Number:	101889
Qualification Title:	Occupational Certificate: Project Manager

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 6

121905000-WM-01, Attend to project initiation management processes, NQF Level 5, Credits 10

WM-01-WE01	Observe and assist an experienced project manager with project initiation processes	
Scope Work Experience		
WA0101	Observe and assist with actions related to the initiation of a project and compiling a project scope statement such as the interpretation of the project charter or brief and associated documents, determining the key requirements and needs of a project, the development of the project management approach and compiling a project scope statement	Tick
WA0102	Observe and assist with actions related to client consultation on the initiation of a project and compiling a project scope statement	Tick
Supporting Evidence (For Employer Attention – Submission required)		
SE0101	Evaluation report by the experienced person	
SE0102	Workplace logbook	

WM-01-WE02	Conduct project initiation activities under close supervision of an experience project manager	
Scope Work Experience		
WA0201	Attend to the initiation of a project and compiling a project scope statement related to the interpretation of the project charter or brief and associated documents, determining the key requirements and needs of a project, the development of the project management approach and compiling a project scope statement	Tick
WA0202	Attend to client consultation on the initiation of a project and compiling a project scope statement	Tick
WA0203	Attend to the initiation of a project and compiling a project scope statement for at least two projects	Tick
Supporting Evidence (For Employer Guidance Only – NO submission required)		
SE0201	Project charter interpretation	
SE0202	Project needs assessment	
SE0203	Project management approach	
SE0204	Project scope statement	
SE0205	Workplace logbook	

Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)	
1	Workplace policies and procedures
2	Workplace specific practices and customs
3	Workplace reporting structures
4	Workplace documents

Fields to complete on Page 3:

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

Example Page 6 of 6

WM-04-WE02	project close out activities under close supervision of an experience project manager	
Scope Work Experience		
WA0201	Attend to final project verification and customer satisfaction assessment including reflection on the achievement of final specifications, project success, effectiveness and lessons learned	Tick
WA0202	Attend to project resource demobilisation and termination procedures including resource demobilisation and termination, completion and settlement of contracts and resolution of any open items	Tick
WA0203	Attend to project administrative and contract closure activities including performance measurement documentation, product documentation and other project records required, project audits	Tick
WA0204	Attend to project close out activities for at least two projects	Tick
Supporting Evidence (For Employer Attention – Submission required)		
SE0201	Evaluation report by the experienced person	
SE0201	Workplace logbook	

Contextualised Workplace Knowledge (For Employer Guidance Only – NO submission required)	
1	Workplace documents
2	Workplace reporting structures
3	Workplace specific practices and customs

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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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.

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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