

 ICB INTERNATIONAL CERTIFICATIONS FOR BUSINESS	Policy Name:	2022.2022.v1 Branch Accreditation Application- Theory Provider
	Policy Number:	2022.2022.v1
	Approved:	20 January 2022
	Expiry Date:	20 January 2023

This application does **not apply to franchise-owned** campuses/branches. Franchise-owned campuses must follow the **full accreditation** application process for new providers.

All branches intending to offer ICB's qualifications are required to first be accredited to offer them.

PROCEDURE FOR A BRANCH ACCREDITATION

- The Head Office is to complete the application below in duplicate and retain a copy for your records.
- Submit the required documentation as per the *List of Annexures*.
- An administration fee of **R900.00** is payable before the reviewing process occurs for a branch accreditation application. If a VAT invoice is required, please request one from the ICB.
- The application must be submitted electronically
- All fields must be completed, DO NOT leave any blanks.

Applications for branch accreditation will be considered by the ICB upon receipt of this *completed application form, all required supporting documentation and proof of payment* of the fee. Feedback will be given within 10 working days as follows:

- If the application does not meet the ICB criteria, we will request additional documentation/information. The applicant has 10 working days to submit this.
- The second submission will be reviewed by the ICB within 5 working days and either approved or deemed unsuccessful.
- Should it be approved i.e. ICB is satisfied that the desktop evaluation has met the required criteria, we will schedule a monitoring site visit to evaluate the available resources and premises for suitability, within 1 month.
- One opportunity will be given to remedy any findings arising out of the monitoring visit, within 10 working days. Permission for a reasonable extension of the time may be requested in writing.
- Final outcome will be advised in writing.
- Even if the application is deemed unsuccessful, the application fee is non-refundable.
- The Head Office may appeal against the outcome of the application, in writing to the Academic Board, within 1 month of the outcome.
- Annual accreditation renewal fee is payable in January of each calendar year, which will include the annual accreditation renewal fee applicable for each branch.
- Branches that are approved will be allocated a unique Registration Number and receive an Accreditation Certificate.

QUALITY MANAGEMENT

The applicant must continue to demonstrate that their policies and procedures are in place to ensure that quality education, training, and development takes place.

PROVIDER DETAILS

		For use by the ICB										
A1 Head Office (holding company name)												
A2 Branch name												
A3 Physical Address (include area code)												
A4 Postal Address (include postal code)												
A5 Telephone number												
A6 Company registration number (the company number must be the same as that of the Head Office/existing branch)												
A7 Website address												
A8 Geographical Area: (Please indicate in which province you operate)	<table border="1"> <tbody> <tr> <td>Eastern Cape</td> <td>Mpumalanga</td> </tr> <tr> <td>Free State</td> <td>North West</td> </tr> <tr> <td>Gauteng</td> <td>Northern Cape</td> </tr> <tr> <td>Kwazulu-Natal</td> <td>Western Cape</td> </tr> <tr> <td>Limpopo</td> <td>Outside SA</td> </tr> </tbody> </table>		Eastern Cape	Mpumalanga	Free State	North West	Gauteng	Northern Cape	Kwazulu-Natal	Western Cape	Limpopo	Outside SA
Eastern Cape	Mpumalanga											
Free State	North West											
Gauteng	Northern Cape											
Kwazulu-Natal	Western Cape											
Limpopo	Outside SA											
A9 GPS co-ordinates: To be shown in degrees/Minutes/seconds format. Do not show symbols. E.g. ICB is: -33 56 42.616, 18 28 40.202												
A10 Are you able to provide access for disabled students?												
A11 Are the premises owned or leased? Attach Proof of ownership or lease Agreements for sites of Delivery as Annexure A11												
A12 Indicate the type of Tuition i.e. delivery method	<table border="1"> <tbody> <tr> <td>Face-to-Face (i.e.classroom- based)</td> <td></td> </tr> <tr> <td>Distant learning</td> <td></td> </tr> </tbody> </table>		Face-to-Face (i.e.classroom- based)		Distant learning							
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CONTACT DETAILS

Please provide details of the person who is The ICB programme manager (main contact) at the branch		For use by the ICB
B1 Title		
B2 First names		
B3 Surname		
B4 Position		
B5 Telephone no		
B6 Cell phone no		
B7 Email address		
B8 Key staff (Provide contact details for additional contact persons on the ICB key staff form and attach as Annexure B8)		

BRANCH SIZE AND STRUCTURE

C1 Attach an organogram that shows the structure of your branch including employee's names and positions as Annexure C1. All facilitators to be included.		For use by the ICB
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HUMAN RESOURCES

D1 Supply a list of names of the facilitators who are going to be teaching the ICB program as annexure D1		For use by the ICB
D2 Supply CV's of the facilitators who are going to be teaching the ICB program as annexure D2		

OCCUPATIONAL HEALTH AND SAFETY

E1 Does your branch comply with occupational health and safety regulations?	YES	NO	For use by the ICB
E2 If yes, attach your policy and Certificate in accordance with the Occupational Health and Safety Act as Annexure E2 (not older than 12 months)			
E3 If no, please advise reasons on your company letterhead as Annexure E3			

ICB QUALIFICATIONS OFFERED

F1 The qualification(s) which the branch is to be accredited for, are the same as the Head Office's?		For use by the ICB
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If 'no' please advise		
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FINANCIAL RESPONSIBILITY

G1	Confirm that the Head Office is responsible for settling any and all amounts owed on behalf of the branch, if not paid.		For use by the ICB
	Note: If "No" in G1 above, this application is likely to be declined but an explanation may be provided here.		
G2	Who must invoices be addressed and sent to? The Head Office or the Branch?		
G3	If "Branch" in G2 above, please attach Tax Clearance certificate as Annexure G3		
G4	If "no" in G1 is accepted, the ICB shall thereafter ask for relevant documentation as Annexure G4 in order to support the branch's financial viability: <ul style="list-style-type: none"> • Business plan for 2 years or • Budget or • Cash flow Note: ICB may request a Bank Guarantee after assessing this application.		

PHYSICAL RESOURCES

H1	Describe the facilities that will be available to each student (e.g. desks, computers, training aids etc.) as Annexure H1		For use by the ICB
H2	Confirm course material to be used.		
H3	Describe any other training/support facilities that will be available to learners (e.g. library, internet access etc.)		

EXAMINATION VENUES

I1	Describe the provision made by your branch for the examinations of students. For example, availability of venues, invigilators.		
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QUALITY MANAGEMENT

		Initial
J1	The Head Office must ensure that their own policies and procedures are in place at their branch to ensure that quality education, training, and development takes place.	
J2	The Head Office is fully responsible for quality management of their branch should any concerns or disputes arise.	
J3	ICB policies, procedures and documents as listed in "List of Annexures" below, are to be read, understood, agreed to and therefore initialled and/or signed on every page by <i>the branch</i> .	

LIST OF ANNEXURES

This application is on the basis that the following ICB documents have been read, initialled and signed by the branch and signed copies are returned to the ICB:

ICB POLICIES AND PROCEDURES ANNEXURES		
Number	Description of requirements	Initial
1	ICB Curriculum Statements	
2	ICB Theory Provider Standard Operating Procedures Agreement	
3	ICB Assessment Policy	
4	ICB Assessment Invigilation and Irregularity Policy	
5	ICB Provider Quality Monitoring Visit Policy	
6	ICB Provider Portal User Registration form	
7	ICB Tutorial – Provider Portal Procedures	
8	ICB Learnership Policy and Procedure	
9	Proof of application fee	
BRANCH ANNEXURES		
A11	Proof of ownership of sites or lease agreements	
C1	Organisation flowchart/ organogram	
D1	List of facilitators	
D2	Copies of CV of the facilitators	
B8	Key staff contact form	
E2	Occupational Health and Safety (OHS) - proof	
E3	Letter advising why no OHS	
G3	Tax Clearance Certificate	
G4	1. Business plan for 2 years 2. Budget 3. Cash flow 4. A bank guarantee (if requested)	
H1	List of facilities for students	

DECLARATION

I hereby confirm that this document has been completed accurately and truthfully. Thus, agreed and signed by:

_____ (Name and Surname) representing the provider at _____ on this the ____ day of _____ 20____

SIGNED _____ Position held in Company: _____

As witnesses:

Name: _____ Signature: _____

Name: _____ Signature: _____