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Term	Description
	relating to the monitoring and auditing of national standards or qualifications have been assigned in terms of section 5(1) (b) (i) of the SAQA Act.
Quality Management System	Means the combination of policy, processes and procedures used to ensure that the degree of excellence specified is achieved.
Registered Qualifications	Means qualifications registered on the NQF.
Scope of Accreditation	Means the list of qualification(s) and/or part qualification(s) for which a body is accredited for a defined purpose.
Scope of Registration	Means the list of registered unit standards and/or qualifications for which an assessor or moderator is registered with the SETA as an assessor or moderator.
Skills Development Provider	Means a body that delivers learning programmes which culminate in specified NQF standards or qualifications and manages the assessment thereof.

5. SCOPE OF APPLICATION

This Policy is applicable to PSETA accredited SDPs, Assessors, Moderators, learners and PSETA staff for disputes relating to the following areas:

- 5.1. Accreditation of providers;
- 5.2. Registration of assessors and or moderators.
- 5.3. Evaluation of Learning Programmes;
- 5.4. Learning and facilitation;
- 5.5. Assessment and Moderation;
- 5.6. Monitoring of providers;
- 5.7. Monitoring of employers;
- 5.8. Certification of learners; and
- 5.9. Use of the PSETA logo.


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6. LEGISLATIVE AND REGULATORY PRESCRIPTS

- 6.1. Skills Development Act, No. 97 of 1998, as amended
- 6.2. South African Qualifications Authority Act
- 6.3. National Qualifications Framework Act, No. 67 of 2008
- 6.4. The National Archives and Records Service of South Africa Act (Act No. 43 of 1996, as amended)
- 6.5. QCTO Delegation Policy
- 6.6. PSETA Records Management Policy
- 6.7. PSETA Accreditation Policy
- 6.8. PSETA Learning Programmes Evaluation Policy
- 6.9. PSETA Recognition of Prior Learning Policy
- 6.10. PSETA Management of Assessment Policy
- 6.11. PSETA Certification Policy
- 6.12. PSETA External Moderation Policy
- 6.13. PSETA Monitoring Policy
- 6.14. PSETA Learning Programmes Policy
- 6.15. PSETA E-learning Policy

7. POLICY PROVISIONS AND CONTENT

- 7.1. The PSETA QAP shall provide a platform for assessors, moderators, verifiers, SDPs, learners and stakeholders to lodge appeals against decisions made regarding approvals, non-approvals, withdrawals and de-registrations, in accordance with relevant PSETA policies developed for this purpose.
- 7.2. The PSETA will ensure that its appeals guidelines documents are applicable, and processes are accessible to all organisations and other stakeholders intending to lodge an appeal.
- 7.3. The affected stakeholders will be afforded a fair hearing when lodging appeals.
- 7.4. The PSETA QAP shall provide reasons on decisions made with applicable evidence.

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8. ROLES AND RESPONSIBILITIES


- 8.1. The Accounting Authority (AA) grants approval of this Policy to be implemented and exercises its fiduciary duties of provisions of the Policy and Delegations of Authority.
- 8.2. The Chief Executive Officer (CEO) assisted by the Chief Operations Officer (COO) is accountable for establishing and maintaining systems to manage the Appeals process.
- 8.3. The QAP Manager is accountable for implementation and management of this Policy.
- 8.4. The QAP staff are responsible for implementation, monitoring and adherence to this Policy by stakeholders.
- 8.5. The appellant that wishes to appeal against a decision taken by the PSETA QAP must be within the framework of this Policy.

9. TYPES OF APPEALS

- 9.1. ACCREDITATION: A provider may access the PSETA appeals procedure should there be dissatisfaction with any of the following circumstances during accreditation:
 - 9.1.1. Accreditation application outcome
 - 9.1.2. Accreditation process
 - 9.1.3. Evaluation team members' conduct
 - 9.1.4. Evidence requirements

Any applicant with a denied accreditation application may appeal against the PSETA QAP's decision, by submitting a written appeal to the QAP Manager. The QAP Manager will table all appeals with the Accreditation Decision Committee for review. Accreditation of an SDP may be suspended by the PSETA based on monitoring visits where visits were conducted, and findings were raised, and investigation conducted and found non-compliance or misconduct which provides reasonable grounds for such withdrawal. All decisions relating to the intent to suspend or de-accredit providers must be approved by the PSETA CEO, subject to the recommendation of the QAP Manager and COO.



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9.2. ASSESSOR AND MODERATOR REGISTRATION: An assessor and/or moderator may access the PSETA appeals procedure should there be dissatisfaction with any of the following circumstances:

- 9.2.1. Withholding of registration as an assessor and/or moderator;
- 9.2.2. Withholding of requested assessor and/or moderator scope of registration;
- 9.2.3. De-registration of an assessor and/or moderator; and
- 9.2.4. Non-renewal of assessor and/or moderator registration.

9.3. MONITORING: A provider may access the PSETA appeals procedure should there be dissatisfaction with any of the following circumstances relating to programme evaluation:

- 9.3.1. Monitoring decision;
- 9.3.2. Monitoring process;
- 9.3.3. Monitoring team members' conduct; and
- 9.3.4. Evidence requirements.

9.4. CERTIFICATION: A provider or learner may access the PSETA appeals procedure should there be dissatisfaction with any of the following circumstances relating to the certification:


- 9.4.1. Withholding of learner certification;
- 9.4.2. Withholding of provider certification; and
- 9.4.3. De-registration of a learner by the provider.

9.5. PROVISION OF ACCREDITED SDPS: An employer, SDP, assessor or learner may access the PSETA appeals procedure should there be dissatisfaction with any of the following circumstances relating to the quality of provision:

- 9.5.1. Sub-standard learning provision; and
- 9.5.2. Sub-standard assessment practices.

9.6. PSETA LOGO USAGE: A PSETA stakeholder may appeal against a decision to refuse permission for the use of the PSETA Logo for marketing purposes by an accredited SDP. The requirements for SDPs to use the PSETA logo are outlined in the PSETA Accreditation Policy.



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10. HANDLING DISPUTES AND APPEALS

- 10.1. All parties must endeavor to negotiate in good faith with a view to settling the dispute amicably.
- 10.2. Any applicant with denied applications or registrations may appeal against the PSETA QAP decision, by submitting a written appeal to the QAP Manager within seven (7) working days of receipt of the application or registration outcome.
- 10.3. The PSETA QAP Manager shall table the appeal with the PSETA COO or the Accreditation Decision Committee (where relevant) for review.
- 10.4. In the event of a dispute arising between the PSETA and the Appellant is still not resolved to the satisfaction of the Appellant, he/she may submit a request for a review to the PSETA CEO.
- 10.5. If the appeal is still not resolved, the dispute must be referred to the QCTO.
- 10.6. Should the applicant's appeal against the decision of the PSETA be upheld by the QCTO, then the PSETA shall:
 - 10.6.1 Amend such decisions as was the original cause for appeal,
 - 10.6.2 Advise all relevant parties of such decision, and
 - 10.6.3 Document the revised decision electronically and manually.

11. RECORDS MANAGEMENT

- 11.1 The accredited SDPs are required to maintain records in a manner that will ensure that long-term evidential records are retained in accordance with the National Archives of South Africa Act.
- 11.2 The records kept or to be kept must be of value in terms of general SDP business operations, governance, decision making and accountability.
- 11.3 The records can be kept on or off-site and access to them must be controlled, and where possible a responsible person must be identified.
- 11.4 The documents must be maintained in both the soft and hard copies.
- 11.5 A clear and unambiguous disposal arrangement must be documented and followed when any archived documents are to be disposed of.
- 11.6 SDPs are to retain documents for a minimum of five (5) years after which they can be destroyed. The records of the documents destroyed must be kept.



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- 11.7 Some or part of the documents may require to be maintained for life. Such documents can be kept beyond the five (5) year period.
- 11.8 The PSETA will monitor the archiving system of each SDP during site visits.
- 11.9 PSETA will maintain and manage all records in line with the PSETA Records Management Policy.

12. NON-COMPLIANCE

- 12.1. Non-compliance with this Policy or any applicable regulatory requirements through any deliberate or negligent act or omission, including allowing any staff, either expressly or impliedly, not to comply with this Policy or any applicable regulatory requirements, will be considered serious and be dealt with in terms of PSETA’s disciplinary policies and procedures.
- 12.2. Non-compliance with this Policy or any applicable regulatory requirements through any deliberate or negligent act or omission by SDPs, Assessors, Moderators or learners, will be considered serious and be dealt with in terms of the contractual agreement between PSETA and the party and/or the relevant code of conduct.


13. POLICY IMPLEMENTATION

This Policy comes into effect on the date of signature and the relevant owner shall ensure that it is communicated to staff using various modes, not limited to email, intranet, workshops, etc. However, this shall not have any bearing on the effective date for implementation.

14. MONITORING, REVIEW AND UPDATING OF THE POLICY

This Policy shall be reviewed no sooner than 12 months and no later than 24 months after the approval date or will be reviewed as and when required by legislation. The outcome of such process may either require the author to maintain the status quo or update/amend it.



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15. APPROVAL OF THE POLICY

The Policy shall be approved by the AA and signed by the Chairperson subsequent to the Resolution taken.

