



EMPOWERED TO **INFLUENCE** AND **INSPIRE!**

**EXPRESSION OF INTEREST – REPLY/APPLICATION FORM**  
**DG 2022/23**

**APPOINTMENT OF SUBJECT MATTER EXPERTS (SMEs) OR PROFESSION BODIES/ASSOCIATIONS IN THE SECTOR FOR THE PROVISION OF SERVICES TO ASSESS/MARK AND MODERATE EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT (EISA) EXAMINATION SCRIPTS FOR REGISTERED OCCUPATIONAL QUALIFICATIONS. THIS APPOINTMENT IS FOR A PERIOD OF 2-YEARS AND THERE WILL BE A MAXIMUM OF SIX EISA EXAMINATIONS SCHEDULED FOR THE DURATION.**

**NB: SERVICES WILL BE UTILISED AS AT WHEN REQUIRED**

**1. ORGANISATIONAL DETAILS**

<b>Legal Name:</b>	<b>Company Registration Number:</b>	<b>Vat Reg Number:</b>	<b>Province:</b>

**2. CONTACT DETAILS:**

	Full Name & Designation	Telephone Number	Cellphone Number	Email address
<b>Programme Coordinator</b>				
<b>Official authorized representative who will sign the funding contract</b>				

**3. DELIVERABLES AND ACTIVITIES**

Item	Activity		Evidence Required	
Marking of 100% Examination Scripts	1.1.	Mark 100% of scripts for each examination session and per qualification.	1.1.1.	Completed marksheet
Moderation of MINIMUM 30% Examination Scripts	2.1.	Moderate minimum 30% of marked scripts for each examination session and per qualification.	2.1.1	Completed marksheet
Provision of Marking & Moderation Reports for Each Examination	3.1	Develop related examination marking and moderation reports for each examination session and for each qualification marked and moderated.	3.1.1	Signed reports
Attend Post-Marking Results Adoption Panel Meetings	4.1.	Prepare submission reports for marking services undertaken.	4.1.1.	Signed attendance register
	4.2.	Attend results adoption panel meetings scheduled by INSETA after each examination session per qualification marked.	4.2.1	

**4. QUOTATION PRICE**

No.	Name of Occupational Qualification Title to Marked/ Moderated	SAQA ID Number	NQF Level	Total Price per Qualification (which includes marking /moderation and related administration)
1.				
2				
3				
4.				
5.				
6.				
7.				
8.				
Sub- Total				
Vat @15%				
Total Quotation Price				

## 5. DECLARATION

I, ....., in my capacity as ..... of

.....(Training Provider name ) declare that the information provided is correct and according to my knowledge, I have the authority to bind the Training Provider accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed programme from the INSETA Discretionary Grant Policy and related Guidelines.

**Signature** : .....

**Designation** : .....

**Date** : .....