

HRD TRAINING SPECIFICATION FORM

Note: This document serves as a guide; it clearly describes the desired outcomes or deliverables of the service to be procured.

BUSINESS UNIT: Financial Governance

SUB-UNIT: Compliance

Part A TRAINING INFORMATION					
Training Programme:	Control identification and risk assessment Tranning				
Description of the Training:	Trainning				
Course Accreditation: YES NO	No, provides CPD for Cprac				
(If YES, Service Provider should attach Proof of Accreditation)					
Date(s) of the Training:	TBC				
Duration of Course: (No. of days)	3 days				
Number of Attendees: (Attach name list)	5				
Is the Course Aligned to the Current Training Plan: YES NO (If NO, attach approved memo)	Yes				
Part B TRAINING CONTENT A	ND EXPECTATIONS				
Course Objectives		Expected Outcome			
The objective of the course:		At the end of the course, you will be able to:			
The objective of the course: -To define the term 'compliance control' in their own words, and understand how compliance controls feature in varying degrees across all the phases n the Compliance Risk Management Process (i.e. profile, Compliance Risk Management Plan (CRMP), monitoring, reporting phases); -To provide an overview of the key attributes of a control (type, category, degree of automation, frequency) that should be included in the organisation's Standard Operating Procedures (SOPs) and CRMP; -To use their understanding of control categories, types and levels of automation to provide value-adding advice to business on control enhancements and/or shifts in the control environment to ensure cost effectiveness and efficiency; -To formulate robust compliance controls that will enhance the quality of CRMP's and ease the monitoring process; -To use their knowledge of control attributes in compiling a CRMP; -To conduct the assessment of the Adequacy of a control and combination of controls to mitigate the risk		Assist the departments and entities in updating their compliance risks management plans, understanding their control environment and improving on compliance monitoring phase.			
Delivery Method: (Face2Face or Online)	Online				
Is the training programme done (If YES, attach a confirmation letter of so		ovider? YES NO	No		

HRD Contact Details:

Mr. M. Xulu –Mxolisi.Xulu@gauteng.gov.za | Ms. S. Gama –Siphesihle.Gama@gauteng.gov.za | Ms. S. Ndudane – Spokazi.Ndudane@gauteng.gov.za



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No	ADDITIONAL INFORMATION Ite	Yes/No	No. of People				
1.	Catering: (attach the full specification for ca	No					
2	Venues and Facilities:	No					
3.	Other (Specify):						
ervice prov	ider to attach proof of accreditation.						
Part D	SIGNATORIES SIGNED BY S	SUPERVISOR /OR LINE MANAGER:	70. – TSJ				
Compiled	by:	Supported / Not Supported / Sup	ported with Amen	dments			
Mr / Ms. Stella Mahuza Designation: Date: 25 July 2025		Mr / Ms. Tshamano Netshivhazw Designation: Director Date: 25 July 2025 Comments:	Date: 25 July 2025				
	SIGNED	BY THE DIRECTOR OF HRD:					
Approved	/ Not Approved/ Approved with A						
Mr / Ms. Designa Date:							

HRD Contact Details:

Comments:

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