SECTION 2.1: SPECIFICATIONS

MINIMUM SPECIFICATIONS & REQUIREMENTS

1. BACKGROUND

Hessequa Municipality requires the service of a registered Training Provider for the rendering of National Certificate - Water and Wastewater Reticulation Services NQF 3 training for the Municipality.

2. SERVICE TO BE RENDERED.

- 2.2.1 The following training must be provided. The Training Provider must indicate Yes or No next to the requirement in the table below.
- 2.2.2 The tender makes provision for a three-year period to provide the service as stipulated below.
- 2.2.3 Training to be delivered within the Hessequa region.

SAQA Qualification ID: 60155 National Certificate - Water and Wastewater Reticulation Services NQF 3	Comply Yes/No	Page to reference
Please provide the CV/CV's of the facilitators.		
Proof of registered assessors		
Proof of accreditation for the Qualification (ID: 60155)		
 Please provide five (5) references for similar training provided. 		
Approximately Fifteen (15) delegates.		
Feedback report to be provided.		
 Learner manuals for each learner required and written reports on completion of training 		
Learner certification		
Upload of qualifications on National Learner Record Database		
Fundamental and Core unit standards as per the qualification and the following	j Elective unit sta	andards.
	g Elective unit sta	andards.
Fundamental and Core unit standards as per the qualification and the following 115907 Operate and maintain a wastewater reticulation system Level 3 NQF	g Elective unit sta	andards.
Fundamental and Core unit standards as per the qualification and the following 115907 Operate and maintain a wastewater reticulation system Level 3 NQF Level 03 15 254077 Provide water services support for rural communities Level 3 NQF	g Elective unit sta	andards.

Failure to provide the information or adhere to the conditions as stated above, may result in your tender being declared non-responsive.

DECLARATION,	
I, THE UNDERSIGNED (NAME)	
CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS COR AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALS	
AUTHORISED SIGNATURE:	
NAME:	
CAPACITY:	DATE: