

RPL TOOLKIT – INSTRUMENT 01 – PRE-SCREENING FORM*To be completed by the RPL Candidate with support from the SDP***1. Candidate Details**

| | |
|---------------------------------------|--|
| Candidate Name | |
| Candidate ID No. | |
| Contact No. | |
| Name of Employer | |
| Current or Previous Job Title | |
| Highest Qualification Achieved | |

2. RPL Qualification Details

| | |
|---|--|
| Occupational Qualification Title | Occupational Certificate: Contact Centre Manager |
| SAQA ID | 99687 |
| Credits and NQF Level | 285, L5 |
| Exit Level Outcomes | <ol style="list-style-type: none"> 1. Manage and control costs of a contact centre. 2. Manage and control operational planning and the achievement of operational targets. 3. Manage personnel employed in a contact centre. 4. Manage customer and supplier relations. 5. Manage and assure the achievement of contact centre quality standards. 6. Manage and control the efficiency of contact centre processes and technology. |

3. Work Experience

| | |
|---|--|
| Years of Relevant Work Experience: | |
| Current Job Role: | |
| Previous Roles (list with duration): | |
| Key Tasks Performed: | |

4. Evidence Checklist (Tick All That Apply and Attach Supporting Documents):

| Evidence Type | Applicable | Attached |
|---|--|--|
| Certified Copies of Qualifications | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certificates of Short Courses | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Confirmation of Work Experience | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| Reference Letters/Testimonials of Work Experience | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Experience Samples (reports, projects, images) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Descriptions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performance Appraisals | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Portfolio of Evidence (POE) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Membership of Professional Bodies | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other relevant evidence (Specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |

RPL Candidate Declaration

I, the undersigned, declare that all information and evidence submitted for the purposes of Recognition of Prior Learning (RPL) are truthful, accurate and complete. I confirm that all evidence provided is my own and that no material has been falsified, misrepresented, or withheld. I understand that providing false or misleading information may result in disqualification from the RPL process.

RPL Candidate Name: _____

Signature: _____

Date: _____

SDP Pre-Screening Declaration

I, the undersigned, confirm that I have reviewed the information and evidence submitted by the RPL Candidate for the purpose of pre-screening. Based on the documentation provided, the candidate appears to meet the minimum eligibility requirements for enrolment into the RPL Programme. This confirmation does not constitute an assessment decision and does not replace the requirement for full RPL assessment, evaluation or gap analysis. Should the candidate be deemed *not yet ready* to be assessed for RPL, the SDP will provide clear feedback on the learning programmes, development activities and opportunities required to improve readiness for RPL assessment. Post enrolment, the SDP will validate all information for completeness and authenticity.

SDP Entity Name: _____

SDP Representative Name: _____

Designation: _____

Signature: _____

Date: _____