



# Short Learning Programme Application Form

|                          |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| Title of the SLP (Eng.)  |  |  |  |  |  |  |  |  |
| SLP Code                 |  |  |  |  |  |  |  |  |
| DCIB                     |  |  |  |  |  |  |  |  |
| Faculty Board            |  |  |  |  |  |  |  |  |
| Date submitted to SSLPC  |  |  |  |  |  |  |  |  |
| Date SSLPC Meeting       |  |  |  |  |  |  |  |  |
| Date submitted to Senate |  |  |  |  |  |  |  |  |
| Date of Senate Meeting   |  |  |  |  |  |  |  |  |

### Checklist

Please tick the relevant check box(es) below, also enter the relevant date for each checkbox ticked and provide documentary evidence.

| Declaration Signed by the Executive Dean | Faculty Board Approval   | Declaration Signed by DT&L |
|--|--------------------------|----------------------------|
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>   |
| Date                                     | Date                     | Date                       |
|  |                          |                            |

| Declaration Signed by QMD | Proposed Budget Recommended WSUDSLP | Approval by CFO          |
|---------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Date                      | Date                                | Date                     |
|                           |                                     |                          |



## WSU SHORT LEARNING PROGRAMME (SLP) APPLICATION FORM

*Please mark the appropriate box with an 'X' or provide the details as requested*

|   |                          |  |                          |  |                          |
|---|--------------------------|--|--------------------------|--|--------------------------|
| <b>Competency-based (credit-bearing)</b><br>(i.e. an SLP which carries credits of a module as part of a whole accredited qualification included in the WSU's PQM. Students are assessed and declared competent) | <input type="checkbox"/> | <b>Competency-based (non-credit-bearing)</b><br>(i.e. an SLP which does not carry credits of a module as part of a whole accredited qualification. Students are however assessed and declared competent) | <input type="checkbox"/> | <b>Attendance-based (non-credit-bearing)</b><br>(i.e. an SLP which have been developed without any reference to credits) | <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|--|--------------------------|

**Please indicate the purpose of the application**

|                |                          |                        |                          |  |                          |                     |                          |
|----------------|--------------------------|------------------------|--------------------------|--|--------------------------|---------------------|--------------------------|
| <b>New SLP</b> | <input type="checkbox"/> | <b>Discontinue SLP</b> | <input type="checkbox"/> | <b>Changes to an existing SLP</b><br><i>e.g. content, credits, NQF level</i> | <input type="checkbox"/> | <b>New Workshop</b> | <input type="checkbox"/> |
|----------------|--------------------------|------------------------|--------------------------|--|--------------------------|---------------------|--------------------------|

| Effective/implementation date of the SLP |       |  |  |      |  |  |  |
|--|-------|--|--|------|--|--|--|
| Day                                      | Month |  |  | Year |  |  |  |
|  |       |  |  |      |  |  |  |

| Planned Scheduling |                          |            |                          |                  |                          |
|--------------------|--------------------------|------------|--------------------------|------------------|--------------------------|
| Per Contract       | <input type="checkbox"/> | On Request | <input type="checkbox"/> | Fixed Scheduling | <input type="checkbox"/> |

|  |  |
|--|--|
| <b>Proposed title of the short learning programme (SLP)</b><br>e.g. General Management |  |
|--|--|

|   |  |
|---|--|
| <b>Applicant/contact person(s)</b>                                    |  |
| <b>E-mail</b>   |  |
| <b>Tel.</b>   |  |
| <b>Academic entity</b><br>e.g. the department/school/centre/institute |  |
| <b>Professional council (if applicable)</b>                           |  |

|   |            |  |           |                          |
|---|------------|--|-----------|--------------------------|
| <b>Academic career<sup>4</sup></b>  |            |  |           |                          |
| <b>Is this SLP linked to a formal qualification?</b>                              | <b>Yes</b> | <input type="checkbox"/>               | <b>No</b> | <input type="checkbox"/> |
| <b>Complete only if linked to a formal qualification</b>                          |            |  |           |                          |
| <b>Qualification group within which the SLP is conceptualized</b>                 |            |  |           |                          |
|   |            |  |           |                          |
| <b>In the case of credit-bearing SLPs, please indicate related module:</b>        |            |  |           |                          |
|   |            |  |           |                          |
| <b>The link between the SLP and other programmes, both internal and external.</b> |            |  |           |                          |
| <b>Internal</b> (please specify below)  |            | <b>External</b> (please specify below) |           |                          |
|   |            |  |           |                          |

|                                 |
|---------------------------------|
| <b>SLP SPECIFIC INFORMATION</b> |
|---------------------------------|

|                             |
|-----------------------------|
| <b>NQF level of the SLP</b> |
|                             |

| <b>Number of credits</b> | <b>Notional learning hours</b> | <b>Formal contact time</b> |
|--------------------------|--------------------------------|----------------------------|
|                          |                                |                            |

|   |
|---|
| <b>SLP code</b> (proposed – will be verified) |
|   |

**Please provide:**

|   |            |                          |           |                          |
|---|------------|--------------------------|-----------|--------------------------|
| <b>A short motivation/rationale for the development of the SLP, taking into account the envisaged participant intake and stakeholder needs.</b> |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>The purpose of the SLP</b>   |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>Target Group</b>   |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>Faculty that presents the SLP (SLP home)</b>   |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>DCIB owner of the SLP</b>  |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>List all other DCIBs involved in this SLP</b> (if applicable)  |            |                          |           |                          |
|   |            |                          |           |                          |
| <b>Does the offering of the SLP involve a collaborator income split?</b>  | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| <b>If 'Yes', please indicate the entity/collaborator</b>  |            |                          |           |                          |
|   |            |                          |           |                          |

|   |                          |                                 |                          |               |                          |
|---|--------------------------|---------------------------------|--------------------------|---------------|--------------------------|
| <b>Contact or distant mode</b>  |                          |                                 |                          |               |                          |
| <b>On campus/contact only</b>   | <input type="checkbox"/> | <b>Off campus/distance only</b> | <input type="checkbox"/> | <b>Hybrid</b> | <input type="checkbox"/> |
| <b>Campus where SLP will be presented</b>                                     |                          |                                 |                          |               |                          |
|   |                          |                                 |                          |               |                          |
| <b>Minimum number of students required for the SLP to run</b> (if applicable) |                          |                                 |                          |               |                          |

|   |                |                          |                 |                          |                     |                          |
|---|----------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|
| <b>Maximum number of students allowed to register</b> (if applicable) |                |                          |                 |                          |                     |                          |
| <b>Who is responsible for the SLP fees?</b>                           | <b>Student</b> | <input type="checkbox"/> | <b>Employer</b> | <input type="checkbox"/> | <b>Per contract</b> | <input type="checkbox"/> |

|                             |                          |           |                          |           |                          |           |                          |            |                          |            |                          |      |                          |
|-----------------------------|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|------------|--------------------------|------|--------------------------|
| <b>Semester or year SLP</b> |                          |           |                          |           |                          |           |                          |            |                          |            |                          |      |                          |
| Quarter 1                   | <input type="checkbox"/> | Quarter 2 | <input type="checkbox"/> | Quarter 3 | <input type="checkbox"/> | Quarter 4 | <input type="checkbox"/> | Semester 1 | <input type="checkbox"/> | Semester 2 | <input type="checkbox"/> | Year | <input type="checkbox"/> |

**Other** (if below Quarter):

**Admission requirements of the SLP** Prerequisites e.g. a NSC or higher education qualification

**Preconditions** e.g. the learning assumed to be in place, experience and/or employment in the specific industry

**Brief description of the content of the SLP**

|  |
|--|
| <b>Brief description of the content of the SLP</b> |
|  |

|   |
|---|
| <b>Learning outcomes of the SLP</b>   |
| The proposed outcomes of the SLP for which credit is sought must be clearly aligned with a qualification accredited in the WSU PQM and a module listed in the Course Catalogue. |
|   |

| <b>Provide a curriculum outline</b> (i.e. learning units that constitute the SLP) |                                  |  |
|---|----------------------------------|--|
|   | <b>Name of the learning unit</b> | <b>Brief description of the content of the learning unit</b> |
| <b>Learning unit 1:</b>   |                                  |  |
| <b>Learning unit 2:</b>   |                                  |  |
| <b>Learning unit 3:</b>   |                                  |  |
| <b>Learning unit 4:</b>   |                                  |  |
| <b>Learning unit 5:</b>   |                                  |  |
| <b>Learning unit 6:</b>   |                                  |  |

| <b>Types of learning activities</b> (indicate % of learning time) |            |                     |                    |  |   |           |           |
|---|------------|---------------------|--------------------|--|---|-----------|-----------|
| Lectures  | Practicals | Laboratory sessions | Comp. Lab sessions | Independent self-study<br>(standard text & references) | Independent self-study<br>(specially prepared material) | Groupwork | Workshops |
|   | Clinicals  |                     |                    |  |   |           |           |
|   |            |                     |                    |  |   |           |           |

|   |
|---|
| <b>Assessment component(s)</b>                        |
| Discuss the assessment strategy applicable to the SLP |
|   |

|   |                          |            |                          |                 |                          |           |                          |
|---|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|--------------------------|
| <b>Type of assessment</b><br>Select all that are applicable |                          |            |                          |                 |                          |           |                          |
| Formative   | <input type="checkbox"/> | Continuous | <input type="checkbox"/> | Performing Arts | <input type="checkbox"/> | Summative | <input type="checkbox"/> |

|   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Formative assessment</b><br>Select all that are applicable |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Paper   | Practical                | Open book                | Oral                     | Tests                    | Portfolio                | Presentation             | Report                   | Assignments              | Workbook                 | Project                  | Integrated medical       |
| <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Summative assessment**

Select all that are applicable

| Paper                    | Practical                | Open book                | Oral                     | Tests                    | Portfolio                | Presentation             | Report                   | Assignments              | Workbook                 | Project                  | Integrated medical       |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does the module include a formal written examination?

Yes

No

Will the study material, teaching and learning strategies and assessment allow people living with disabilities participants to be successful? Please motivate the answer.

**Quality assurance**

Does the SLP have a Quality Assurance System based on anonymous questionnaires for each teaching activity?

Yes

No

**CESM category of the SLP** e.g. CESM 04: BUSINESS, ECONOMICS AND MANAGEMENT STUDIES**HEMIS code** e.g. 0410 Management Sciences and Quantitative Methods**HEMIS code** e.g. 041001 Management Science, General

Provide details of how recognition of prior learning (RPL) will be applied

Provide the prospective participant numbers

Please indicate if the intended SLP:

**Has an equivalent SLP?**

(If yes, please provide the SLP code)

Yes

No

**Equivalent SLP****EXTERNAL COLLABORATION****Is the offering of the SLP a joint venture?**

If yes, please provide:

Yes

No

1. The collaborator(s)

2. The reason for the partnership.

3. The nature of the collaboration.

4. Profile of the proposed collaborator(S).

5. The collaborators intended contribution to develop and present the SLP.

6. Where the Intellectual property (IP) ownership resides.

7. The financial arrangement with the DCIB and the collaborator.

8. The financial agreement with the University and the collaborator (projected income distribution).

## FINANCIAL INFORMATION

|  |  |
|--|--|
| <b>DCIB</b>  |  |
| <b>PROGRAMME NAME</b>  |  |
| <b>PROGRAMME LEADER(S)</b>   |  |
| <b>DURATION</b>  |  |
| <b>ESTIMATED NUMBER OF STUDENTS</b>  |  |
| <b>ENTITY FOR COURSE PURPOSES</b><br>(AVAILABLE FROM FINANCE IF NECESSARY) |  |
| <b>WSU CAMPUS</b>  |  |

| <b>B U D G E T</b>  | <b>R</b> | <b>R</b> |
|---|----------|----------|
| <b>Income</b>   |          |          |
| Tuition fees  |          |          |
| <b>TOTAL GROSS INCOME</b>   |          |          |
| <b>Minus: Expenditure</b>   |          |          |
| <b>Overhead costs</b>   |          |          |
| University levy (25% of gross income)   |          |          |
| WSUDSLP levy (15% of gross income)  |          |          |
| Faculty levy (5% of gross income)   |          |          |
| DCIB (5% of gross income)   |          |          |
| <b>SUB TOTAL</b>  |          |          |
| <b>Running Costs</b>  |          |          |
| <b>FACILITATOR'S FEE</b> (Temp salaries from HR)  |          |          |
| <b>STUDY GUIDE DEVELOPMENT</b><br>(Once off at initial approval, not on other offerings for 5 years, WSU Intellectual Property)                           |          |          |
| <b>FACILITATOR'S TRAVEL</b> (Final amount revised after offering)   |          |          |
| <b>PRINTING OF STUDY GUIDE</b><br>(WSU centralized printing department – fee revised after printing)  |          |          |
| <b>PRINTING OF QUESTION PAPERS</b><br>(WSU centralized printing department – fee revised after printing)  |          |          |
| <b>MODERATION</b> (Temp salaries from HR)   |          |          |
| <b>CERTIFICATION</b> (R313.80 each)   |          |          |
| <b>VENUES</b>   |          |          |
| <b>TOTAL EXPENSES</b>   |          |          |
| <b>NET PROFIT</b>   |          |          |
| If the services of the Library are required, WSUDSLP must consult the Chief Director: Library & Information Services in advance regarding possible costs. |          |          |

|                                     | <b>SIGNATURE</b> | <b>DATE</b> |
|-------------------------------------|------------------|-------------|
| <b>PROGRAMME LEADER</b>             |                  |             |
| <b>CIB CHAIRPERSON: RECOMMENDED</b> |                  |             |
| <b>EXECUTIVE DEAN: RECOMMENDED</b>  |                  |             |
| <b>WSUDSLP: RECOMMENDED</b>         |                  |             |
| <b>FINANCE DEPARTMENT</b>           |                  |             |

## STAFF CAPACITY

State whether the SLP will be taught by WSU staff members or external persons.

List the WSU academic staff members involved in the delivery of the SLP and their workload in mainstream teaching.

Outline the WSU academic staff members' workload in mainstream teaching.

Indicate the workload that the teaching in the SLP represents for the WSU academic staff involved.

List the WSU administrative staff members involved in the management of the SLP.

Indicate the workload of the WSU administrative staff supporting the SLP

## APPROVAL AND RECORDING

### Approval and recording dates

|   | Initial and Surname | Signature | Date |
|---|---------------------|-----------|------|
| Executive Dean                            |                     |           |      |
| Faculty Board                             |                     |           |      |
| Quality Management Directorate            |                     |           |      |
| The Directorate for Teaching and Learning |                     |           |      |
| SSLPC                                     |                     |           |      |
| Senate                                    |                     |           |      |
| Recorded on the SLP catalogue             |                     |           |      |
| Date for next SLP review                  |                     |           |      |

**DECLARATION BY THE EXECUTIVE DEAN**

This section is to be completed and signed by the Executive Dean of the faculty involved.

**STAFF QUALIFICATIONS AND COMPETENCIES**

Academic staff members responsible for the SLP are suitably qualified and have sufficient relevant experience and teaching competence, and their assessment competence and research profile are adequate for the nature and level of the programme.

In verifying compliance, staff members involved in the SLP adhere to the following requirements:

- All the academic staff members (full-time/part-time/contract) teaching on the SLP hold the required minimum qualifications (one level above that of programme) and have appropriate experience to teach on the programme.
- The faculty/DCIB responsible for the SLP has identified a programme coordinator.
- The programme coordinator is trained and informed on the roles and responsibilities of the programme coordinator and is able to provide academic leadership for the SLP.
- The faculty/department/school/CIB responsible for the SLP makes provision for opportunities for academic staff to enhance their competences and to support their professional growth and development in the interest of programme quality.
- The faculty/DCIB responsible for the SLP makes adequate provision for the SLP in the workload allocation model in mainstream offerings taking into account the number of academic staff members involved in the SLP and envisaged student enrolments.
- The faculty/DCIB responsible for the SLP has ensured that the teaching involvement of academics in this course will not in any way undermine the quality of teaching and learning in mainstream programmes.
- The academic's workload and performance regarding teaching and research are at the required standard set by the department.
- The qualification and expertise required of the academic to design and present the SLP.
- The success rate of the modules offered by the academic meet the minimum benchmark set by the department.

Executive Dean:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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