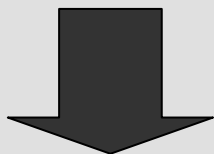


**PRIVATE AGENCY APPLIES
FOR
ACCREDITATION/RENEWAL
OF ACCREDITATION**



Read This First



The Governing Body of the CCMA is responsible for the accreditation of dispute resolution institutions and for quality assurance in the performance by these institutions of their dispute resolution functions. This application for accreditation will accordingly be considered by the Governing Body.

Whilst the Labour Relations Act 66 of 1995 details the manner in which bargaining councils and statutory councils may be established and registered, there exist no similar establishment or registration provisions concerning private agencies in the Act.

The Governing Body accordingly requires as much information as is relevant and necessary to support an application for accreditation of a private agency.

1. NAME OF PRIVATE AGENCY

Name:

.....

Physical Address:

.....

Tel:..... Fax:.....

Cell:..... E-Mail:.....

Date of establishment:

Contact person:

.....

**2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE
RESOLUTION FUNCTIONS:**

Conciliations ☐ Arbitrations ☐ Inquiry into section 188A ☐

3. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET

3.1 THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS

3.2 THE ABILITY OF THE APPLICANT TO CONDUCT ITS ACTIVITIES EFFECTIVELY

3.3 THE INDEPENDENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS

3.4 DETAILS REGARDING THE COMPETENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS

3.5 DETAILS REGARDING THE APPLICANT'S CODE OF CONDUCT TO GOVERN THE PERSONS APPOINTED TO PERFORM THE FUNCTIONS

Please turn over ➔

NOTE!

Please see Policy on CCMA website
www.ccma.org.za

3.6 DETAILS REGARDING THE DISCIPLINARY PROCEDURES USED BY THE APPLICANT TO ENSURE SUBSCRIPTION AND ADHERENCE TO THE CODE OF CONDUCT

3.7 PROOF THAT THE APPLICANT PROMOTES A SERVICE THAT IS BROADLY REPRESENTATIVE OF SOUTH AFRICAN SOCIETY

4. MOTIVATION

(a) **Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.**

(b) **Provide information on –**

- information relating to the conciliators and arbitrators (furnish the names of the individuals the applicant proposes using as dispute resolvers, along with particulars of each individual's qualifications, training and experience; supply details, if applicable, of the steps the applicant is taking to promote a service comprising practitioners broadly representative of South African society);
- training (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrator); and
- those sections of Part C of Chapter 7 of the Act which the applicant believes should not be made applicable to it - see section 127(6). Please motivate.

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:.....

Date:

Place.....



**COMMISSION FOR CONCILIATION,
MEDIATION & ARBITRATION**

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the CCMA website.

SIGNED AT _____ ON THIS _____ DAY OF _____ 202__

INITIAL AND SURNAME: _____

SIGNATURE: _____