

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION**

FORM 46C-FSM: Food Service Management

<b>FORM 46C-FSM</b>	<b>CRITERIA FOR ACCREDITATION OF **TRAINING SITES FOR EXPERIENTIAL LEARNING IN DIETETICS AND NUTRITION</b>							
<b>PREAMBLE:</b>	<p>The Professional Board will consider any site of practice or satellite site of practice attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University), provided such site is recognised for education and training in a recognised <b>*training area</b> (see Table 1). Such site(s) would also have to comply with the requirements of the Professional Board</p> <p>Table 1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Name of Training Institution (University)</b></td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="text-align: center;"><b>*Training area</b></td> </tr> <tr> <td style="text-align: center;">Food Service Systems/Management</td> </tr> </table>				<b>Name of Training Institution (University)</b>		<b>*Training area</b>	Food Service Systems/Management
<b>Name of Training Institution (University)</b>								
<b>*Training area</b>								
Food Service Systems/Management								
Period for which recognition of the training site is requested:	<b>From:</b> [date]		<b>To:</b> [date]					
<b>CRITERIA:</b>	<ul style="list-style-type: none"> <li>The Faculty of Medicine/Health Sciences of the University must submit a duly completed application form [<b>FORM 46C Food Service Systems/Management</b>] to the Professional Board. Incomplete forms may lead to a delay in the site accreditation process.</li> <li>Accreditation for experiential learning in a recognised satellite <b>**training site</b> will be valid for a period of 5 years, where after the site will be subject to re-evaluation by the Professional Board.</li> <li>Continued recognition as a training or satellite training site shall be subject to submission of satisfactory evaluation reports to be carried out by the Professional Board [at any time during the 5 year accreditation period].</li> <li>A dietitian/Foodservice Manager (NQF level 7 training) working in the relevant training area will be responsible for the execution of the training programme.</li> </ul>							

**Instructions:**

- Section 1, 2 and 3 to be completed by all applicants.

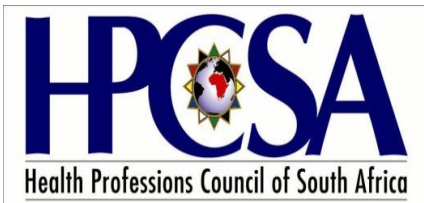
**Footnote (definitions):**

**Education:** the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.

**Learning:** knowledge acquired by systematic study in any field of scholarly application OR the act or process of acquiring knowledge or skill.

(Date of update: 21 Feb 2019)

**\*\*Training site:** It is a clearly identifiable part of an institution, such as a food service unit working on a specific common theme.



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION**

FORM 46C-FSM: Food Service Management

<b>Application for accreditation of a training site or satellite **training site in Dietetics or Nutrition attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University).</b>			
<b>PLEASE PRINT: Incomplete applications will not be considered</b>			
<b>SECTION 1</b>		<b>SOUTH AFRICAN UNIVERSITY DETAILS</b>	
Name of University:			
<b>Details of Head of Dietetic or Nutrition Programme at the University</b>			
Title		Full Name & Surname	
Postal Address at University		Physical Address at University	
Contact Number			
Email Address			

<b>SECTION 2</b>	<b>**TRAINING SITE: GENERAL DETAILS:</b>		
<i>[Please give a short comment/reason]</i>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Is there an "Orientation & Induction Program" for students for the *training area?			
Is there a dedicated work area for students? <i>[with desk &amp; chair]</i>			
Is there access to a library or reference material?			
Is there access to a computer?			
Is there access to internet?			
Accommodation is available at the training site.			
Is electricity available on continuous basis at the accommodation and on site?			
Is there access to hot running water at the accommodation?			
Is there access to clean sanitation facilities at accommodation and on site?			
Are meals for students available on site?			

(Date of update: 21 Feb 2019)

\*\*Training site: It is a clearly identifiable part of an institution, such as a food service unit working on a specific common theme.



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR DIETETICS AND**  
**NUTRITION**

FORM 46C-FSM: Food Service Management

<b>SECTION 3</b>	<b>FOOD SERVICE MANAGEMENT</b>		
<b>Details of Dietitian/Food Service Manager (program manager) at the University responsible for training</b>			
<i>[Dietitian who will take responsibility for the training program on behalf of the University (Attach a concise curriculum vitae)]</i>			
Title		Full Name & Surname	
Qualification <i>[Include highest relevant qualification and year obtained]</i>			
HPCSA Registration Number		DT :	
Contact Number			
Email Address			
<b>FOOD SERVICE MANAGEMENT **TRAINING SITE DETAILS</b>			
<i>[Training site information]</i>			
Name of Training site <i>[if more than one site is to be accredited, separate application forms must be submitted for each site]</i>			
Description of training site <i>[Tertiary/regional/district/governmental/private/old age home/other]</i>			
Address of training site			
<b>Details of Dietitian/Foodservice Manager at **Training Site</b>			
<i>[person who will take responsibility for training program on behalf of the training site, which may be a dietitian or a foodservice manager with a Technikon NQF level 7 qualification (attach a concise curriculum vitae and proof of qualification)]</i>			
Title		Full name & Surname	
Qualification(s)			
Job Title			
HPCSA registration number <i>[if applicable]</i>		Contact number	
Email address			
<b>Full names &amp; DT numbers of ALL Dietitians AND/OR Full names of Foodservice Managers who will be involved in training at the **training site</b>			
<i>[on date of application] attach a concise curriculum vitae and proof of qualification</i>			
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR DIETETICS AND**  
**NUTRITION**

**FORM 46C-FSM: Food Service Management**

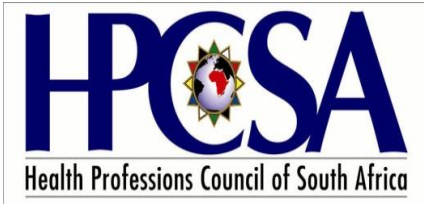
Type Of Food Service System <i>[tick]</i>					
Conventional System		Ready-Prepared System <i>(Cook-Chill system)</i>		Assembly/Serve System <i>(convenience system)</i>	
Commissary System		Ready-Prepared System <i>(Cook-Freeze system)</i>		Other:	

Type of Food Serving System <i>[tick]</i>					
Trolley		Cafeteria		Other <i>[describe]</i>	
Self Service		Tray			

Other types of Services Available <i>[tick]</i>					
Cafeteria <i>[public]</i>		Cafeteria <i>[staff]</i>		Cafeteria <i>[student]</i>	

Number Of Normal & Specialized Diets PER MONTH					
Normal diets				Soft/semi soft diets	
Diabetic diets				Light diets	
Cardiac diets				Liquid diets	
Vegetarian diets				Pureed diets	
Paediatrics				Other <i>[specify]</i>	
Renal				Other <i>[specify]</i>	

Indicate what on site *exposure will be provided to students during FOOD SERVICE MANAGEMENT training & give descriptions			
	Yes	No	Description
Menu planning			
Budgets			
Purchasing of produce			
Receiving of produce			
Storage and inventory of produce			
Preparing and cooking of meals			
Serving of meals			
HACCP/food safety procedures			
Facility sanitation and hygiene procedures			
Worker safety procedures			
Exposure to large scale equipment			
Special therapeutic diets [as indicated above]			
Teaching and training of catering staff			
Management opportunities			



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION**

**FORM 46C-FSM: Food Service Management**

Customer satisfaction surveys			
Plate waste study			
Recipe standardization			

*\*Exposure in this document refers to participation and practice, knowledge and skills development.*



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION**

FORM 46C-FSM: Food Service Management

<b>Declaration &amp; Relevant Signatories of **Training Site Management</b>			
We, the undersigned, certify that the <b>Training Site</b> has the capacity for education and training in the relevant training areas indicated above, and that all information provided above is accurate. We undertake to provide sound quality training to the best of our ability to all students placed.			
<b>Person responsible for training program at Training Site</b>	<b>Full name</b>	<b>Signature</b>	<b>Date</b>
<b>Medical Superintendent/ Head of Training Site</b>	<b>Full name</b>	<b>Signature</b>	<b>Date</b>
<b>Declaration &amp; Relevant Signatories of University (Higher Education Institution)</b>			
We, the undersigned, certify that the <b>Faculty of Medicine/Health Sciences of this University</b> has the capacity for education and training in the relevant training areas indicated above, enjoys full access to the Training Site and that the Faculty undertakes to ensure that the Training Site shall fully meet the requirements of the Professional Board for Dietetics and Nutrition for education and training in the training area indicated on page 1 of this document.			
<b>Academic Head (HOD)/Program Manager</b>	<b>Full name</b>	<b>Signature</b>	<b>Date</b>
<b>Dean: Faculty of Medicine/Health Sciences</b>	<b>Full name</b>	<b>Signature</b>	<b>Date</b>



**FOR OFFICIAL USE ONLY**

<b>Application approved</b>	<b>YES</b>	<b>NO</b>	<b>Valid Period</b>	
If NO, Reasons				
Year of next evaluation				
<b>Ratified by</b>	<b>Full Name</b>	<b>Signature</b>	<b>Date</b>	
<b>Chairperson of Professional Board of Dietetics and Nutrition</b>				
<b>Chairperson of HPCSA Executive Council</b>				