

FORM 46C

FORM 46C	CRITERIA FOR ACCREDITATION OF TRAINING SITES FOR EXPERIENTIAL LEARNING IN DIETETICS AND NUTRITION								
<p>PREAMBLE:</p>	<p>The Professional Board will consider any site of practice (SAQA, 2013;11) 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 *training area (see Table 1). Such site(s) would also have to comply with the requirements of the Professional Board</p> <p>Mark the applicable training area(s) being applied for: Table 1:</p> <table border="1" data-bbox="355 763 1442 952"> <thead> <tr> <th data-bbox="355 763 1026 842">*Training area</th> <th data-bbox="1026 763 1442 842">Tick/Cross all applicable areas</th> </tr> </thead> <tbody> <tr> <td data-bbox="355 842 1026 880">3 Therapeutic Nutrition</td> <td data-bbox="1026 842 1442 880"></td> </tr> <tr> <td data-bbox="355 880 1026 916">4 Community Nutrition</td> <td data-bbox="1026 880 1442 916"></td> </tr> <tr> <td data-bbox="355 916 1026 952">5 Food Service Management</td> <td data-bbox="1026 916 1442 952"></td> </tr> </tbody> </table>	*Training area	Tick/Cross all applicable areas	3 Therapeutic Nutrition		4 Community Nutrition		5 Food Service Management	
*Training area	Tick/Cross all applicable areas								
3 Therapeutic Nutrition									
4 Community Nutrition									
5 Food Service Management									
<p>Period for which recognition of the training site is requested:</p>	<table border="1"> <tr> <td data-bbox="592 952 719 1016">From: [date]</td> <td data-bbox="719 952 1026 1016"></td> <td data-bbox="1026 952 1139 1016">To: [date]</td> <td data-bbox="1139 952 1457 1016"></td> </tr> </table>	From: [date]		To: [date]					
From: [date]		To: [date]							
<p>CRITERIA:</p>	<ul style="list-style-type: none"> The Faculty of Medicine/Health Sciences of the University must submit a duly completed application form [FORM 46C] to the Professional Board. Incomplete forms may lead to a delay in the site accreditation process. Accreditation for experiential learning in a recognised satellite training site will be valid for a period of 5 years, where after the site will be subject to re-evaluation by the Professional Board. 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]. A dietitian/nutritionist/food service manager working in the relevant training area will be responsible for the execution of the training programme. 								

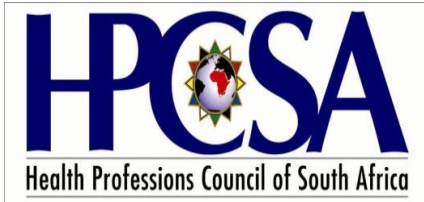
Instructions:

- Section 1 & 2 to be completed by all applicants.
- If more than one *Training area at the **same** site is applied for, and students use the same office space, section 2 needs only to be completed once. If the office space for the different training areas at the **same** site differs, section 2 needs to be completed for each training area.
- Complete relevant sections of 3 and/or 4 and/or 5 as indicated in Table 1.

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.



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

FORM 46C

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).			
PLEASE PRINT: <i>Incomplete applications will not be considered</i>			
SECTION 1		SOUTH AFRICAN UNIVERSITY DETAILS	
Name of University:			
Details of Head of Dietetic or Nutrition Programme at the University			
Title		Full Name & Surname	
Postal Address at University		Physical Address at University	
Contact Number			
Email Address			

SECTION 2	TRAINING SITE: GENERAL DETAILS: Mark the Training area(s): Therapeutic Nutrition; Community Nutrition, Food Service Management		
<i>[If any of the following answers is NO, please give a short comment/reason]</i>			
	Yes	No	Comments
Is there an "Orientation & Induction Program" for students for the *training area?			
Is there a dedicated work area for students? <i>[with desk & chair]</i>			
Is there access to a library or reference material?			
Is there access to a computer?			
Is there access to internet?			
Is accommodation offered at training site? <i>[if YES, please complete Section 3(a)]</i>			
Is electricity available on continuous basis?			
Is there access to hot running water?			
Is there access to clean sanitation facilities?			
Are meals available on site?			

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SECTION 3		THERAPEUTIC NUTRITION	
Details of Dietitian at University responsible for training			
<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			
THERAPEUTIC NUTRITION TRAINING SITE DETAILS			
<i>[Training site information]</i>			
Name of Training Site <i>[If more than one site is to be accredited, separate applications forms must be submitted for each site]</i>			
Address of Training Site			
Details of Dietitian at training site			
<i>[dietitian who will take responsibility for training program on behalf of the training site(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			
Full names & DT numbers of ALL dietitians who will be involved in training			
<i>[on date of application] Attach a concise curriculum vitae]]</i>			
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Full Name & Surname		DT:	
Number of beds <i>[if applicable]</i>		Number of Dietitians involved in training	
Total Number Of Patients PER MONTH			
In-patients admitted <i>[all inclusive]</i>		Infants (0-36 months) admitted	
Out-patient consultations		Paediatrics (3-12 years) admitted	

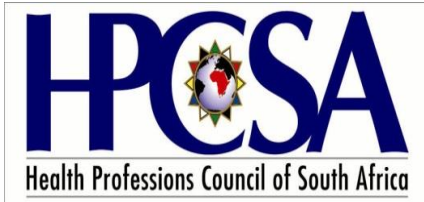
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Number Of Patients on Normal & Specialized Diets PER MONTH			
Normal diets		Soft diets	
Diabetic diets		Light diets	
Cardiac diets		Liquid diets	
Vegetarian diets		Pureed diets	
Renal		Paediatrics	
Other <i>[specify]</i>		Other:	
Number AND Type Of Speciality Conditions Consulted In Each Category PER MONTH			
ICU			
Paediatrics			
Surgical			
Medical			
Maternity/Gynaecological			
Renal			
Other <i>[specify]</i>			
Other <i>[specify]</i>			
Parenteral & Enteral Feeds			
	Yes	No	Description
Does the training site have access/budget to provide enteral feeds ? <i>[List examples of these feeds]</i>			
Does the training site have access/budget to provide TPN ? <i>[List examples of these bags]</i>			
Does the training site use " Ready-To-Use/Ready-To-Hang " feeds?			
Does the training site prepare powdered feeds? <i>[List examples of these feeds]</i>			
Does the training site have a " Milk Kitchen "?			
Is the "Milk kitchen" certified by Environmental Health? <i>[Provide certificate date & number, if applicable].</i>			
Does the training site have anthropometric equipment? <i>[List all that are available as well as the number available. Use a separate page if more space is needed]</i>			

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Indicate what on site *exposure will be provided to students during THERAPEUTIC NUTRITION training & give descriptions where possible			
	YES	NO	Description
Nutritional assessment			
Interpretation & Analysis of in-patient case files			
Interpretation & Analysis of out-patient case files			
Implementation of nutritional care plan Monitoring and evaluation of in-patients (follow up)			
Growth monitoring			
Individual out-patient counselling			
Individual in-patient counselling			
Group counselling <i>[in- or out-patients]</i>			
Compiling and making of visual aids and educational material.			
Training of Nursing staff/lay workers			
Promotion of healthy eating and Food-based Dietary Guidelines			
Breast feeding practices			
Infant & young child feeding			
Nutrition in pregnancy & lactation			
Critically ill Renal disease Surgical Renal disease			
Non-communicable diseases <i>[diabetes, cardiac, hypertension, etc]</i>			
HIV/AIDS <i>[counselling, in- & out-patients, dietary management]</i>			
Other, not mentioned above			
Other:			

(*Exposure in this document refers to participation and practice, knowledge and skills development)



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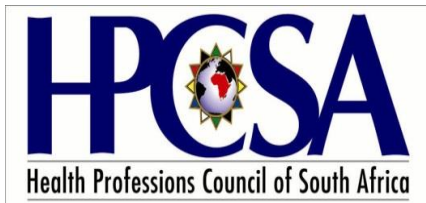
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SECTION 4	COMMUNITY NUTRITION		
Details of Dietitian/Nutritionist at University responsible for training <i>[dietitian/nutritionist who will take responsibility for the training program on behalf of the University (Attach a concise curriculum vitae)]</i>			
Title		Full Name & Surname	
Qualification <i>[Include highest relevant qualification and year obtained]</i>			
HPCSA Registration Number		DT/NT:	
Contact Number			
Email Address			
COMMUNITY NUTRITION TRAINING SITE DETAILS <i>[If more than one training site is to be accredited, separate application forms must be submitted for each site]</i>			
Name & Type (description) of Training site <i>[Rural Clinic, Urban Clinic, Community Health Centre, ECD centre, NGO, etc.]</i>			
Address of Training Site			
Details of Dietitian/Nutritionist at training site <i>[dietitian or nutritionist who will take responsibility for training program on behalf of the training site(Attach a concise curriculum vitae)]</i>			
Title		Full Name & Surname	
Qualification <i>[Include highest relevant qualification and year obtained]</i>			
HPCSA Registration Number		DT/NT:	
Contact Number			
Email Address			
Full names & DT/NT numbers of ALL dietitians/nutritionists who will be involved in training <i>[on date of application] Attach a concise curriculum vitae]</i>			
Full Name & Surname		DT/NT:	
Full Name & Surname		DT/NT:	
Full Name & Surname		DT/NT:	
Full Name & Surname		DT/NT:	
Full Name & Surname		DT/NT:	
Full Name & Surname		DT/NT:	
Total Number Of Patients Seen PER MONTH			
CDL including Diabetes, High blood pressure, TB, HIV, etc		Infants (0-24 months)	
Maternal Health		Young Children (25-59 months)	
Elderly (Geriatrics)		Other	

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Indicate what on site exposure will be provided to students with regards to the following aspects during COMMUNITY NUTRITION training & give descriptions where possible

	YES	NO	Description
Nutritional assessment			
Interpretation & Analysis of relevant clinic records (e.g. RTHBs)			
Routine infant care (e.g. growth monitoring and immunization)			
Home-based care <i>[visits]</i>			
Individual counselling <i>[in- or out-patient]</i>			
Group counselling <i>[in- or out-patients]</i>			
Compiling and making of visual aids and educational material.			
School visits/lectures/talks			
Vegetable Gardens			
Educating and advising Nursing staff/lay workers on nutrition			
Promotion of healthy eating and Food-based Dietary Guidelines			
Breast feeding practices			
Infant & young child feeding			
Nutrition in pregnancy & lactation (Antenatal care)			
Oral rehydration			
Non-communicable diseases <i>[diabetes, cardiac, hypertension, etc]</i>			
HIV/AIDS <i>[counselling, in- & out-patients, dietary management]</i>			
Community Outreach activities e.g. campaigns, health days, etc			
Other, not mentioned above			



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SECTION 5		FOOD SERVICE MANAGEMENT			
Details of Dietitian (program manager) at the University responsible for training					
<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					
FOOD SERVICE MANAGEMENT TRAINING SITE DETAILS					
<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					
Details of Dietitian/Foodservice Manager at Training Site					
<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 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					
Full names & DT numbers of ALL Dietitians AND/OR Full names of Foodservice Managers who will be involved in training at the training site					
<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:		
Full Name & Surname			DT:		
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:	

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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 which of the following aspects of the training programme will be adequately addressed in the training facility/Unit				
	Yes	No	If YES, please provide a brief 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				
Customer satisfaction surveys				
Plate waste study				
Recipe standardization				



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Declaration & Relevant Signatories of Training Site Management			
We, the undersigned, certify that the Training Site 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.			
Person responsible for training program at Training Site	Full name	Signature	Date
Medical Superintendent/ Head of Training Site	Full name	Signature	Date
Declaration & Relevant Signatories of University (Higher Education Institution)			
We, the undersigned, certify that the Faculty of Medicine/Health Sciences of this University 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.			
Academic Head (HOD)/Program Manager	Full name	Signature	Date
Dean: Faculty of Medicine/Health Sciences	Full name	Signature	Date

	FOR OFFICIAL USE ONLY		
Application approved	YES	NO	Valid Period
If NO, Reasons			
Year of next evaluation			
Ratified by	Full Name	Signature	Date
Chairperson of Professional Board of Dietetics and Nutrition			
Chairperson of HPCSA Executive Council			