

## **REQUEST FOR QUOTATIONS – LICENSED PSYCHOLOGIST**

Kindly see the attached request for quote (RFQ). Quotations should be forwarded to [quotations@bccollege.co.za](mailto:quotations@bccollege.co.za).

**TENDERERS MUST NOTE THAT WHEREVER THIS DOCUMENT REFERS TO ANY PARTICULAR TRADE MARK, NAME, PATENT, DESIGN, TYPE, SPECIFIC ORIGIN OR PRODUCER, SUCH REFERENCE SHALL BE DEEMED TO BE ACCOMPANIED BY THE WORDS 'OR EQUIVALENT.**

Kindly submit the following **REQUIRED** documents when responding to the RFQ

- Signed quotation (quotations not signed will be eliminated)
- Latest declaration forms (SBD 4, 8 and 9), see attached on college website
- Certified BBBEE certificate (0 points will be awarded for BBBEE certificates that are not certified)
- Valid Tax Clearance Certificate
- Updated CSD full report
- Company Registration
- Bank Confirmation Letter (not older than 3 months)
- Quotations must be a **PDF** document and detailed as per specification
- All quotations submitted via email addresses other than the one listed above will not be considered.

**Closing Date 21 June 2023 at 12:00 Pm. No late or hand delivered documents will be accepted. ONLY EMAILED DOCUMENTS WILL BE ACCEPTED**

**Enquiries: Ms Thembakazi Mati, must be sent via email**

043 704 9280 / 043 704 9241

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**higher education  
& training**  
Department  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA



**BUFFALO CITY  
TVET COLLEGE**

**HEALTH CENTRE**

Lukin RD, Private Tel: 013 704 9258, Fax: 0866007393  
Bag 9016, East London 5200

<b>FROM</b>	R FINLAYSON
<b>SUBJECT</b>	REQUEST FOR QUOTE
<b>DATE</b>	8 <sup>th</sup> June 2023

**Required:** The services of a Registered / Licensed Psychologist, for a period of 1 year, for the purposes of cognitive assessments.

The College is requesting a quote for Cognitive Assessments to be done on students who will be requiring exam concessions. A report from the Psychologist will be required so that the College may apply to the Department of Higher Education & Training to request final examination concessions for extra time. The quote should include all necessary interventions needed and should be stated per assessment.

**Regulatory requirement:** Please provide proof of HPCSA Registration and Practice Number.

Thank you.

R G FINLAYSON  
AD: HEALTH & WELLNESS

Z JIKWANA  
ACTING AD: SCM