



REQUEST FOR QUOTATIONS – REGISTERED / LICENSED PSYCHOLOGIST

Kindly see the attached request for quote (RFQ). Quotations should be forwarded to 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 **COMPULSORY** documents when responding to the RFQ

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

Closing Date 28 JANUARY 2025 at 11h00 am. No late or hand delivered documents will be accepted. ONLY EMAILED DOCUMENTS WILL BE ACCEPTED

043 704 9238 / 043 704 9241



**higher education
& training**

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



**BUFFALO CITY
TVET COLLEGE**

HEALTH CENTRE

Lukin RD, Private Tel: 043 704 9258, Fax: 0866007393
Bag 9016, East London 5200

FROM	R FINLAYSON
SUBJECT	REQUEST FOR QUOTE
DATE	13 th January 2025

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, due to learning difficulties. 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 / reader / scribe. 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


SUPPLY CHAIN MANAGEMENT