

Accreditation no: ACC/2014/00/160

Media, Information and Communication Technologies Sector Education and Training Authority





INTERNSHIP AGREEMENT

NB: PLEASE CHECK FOLLOWING PRIOR TO SUBMISSION

- · Attach Certified true copy of learner ID.
- Attach Unemployed learner contract of employment.
- Attach Copy of the highest Qualification

Part A: INTERNSHIP DETAILS AND PARTIES TO AGREEMENT

SECTION 1 INTERNSHIP DETAILS

1.1 Title of Internship:	Marketing Professional
1.2 Commencement date of the Internship agreement:	02-05-2018
1.3 Termination date of the Internship agreement:	01-05-2019

SECTION 2 LEARNER DETAILS

2.1 Surname:	Shenxane					
2.2 Full Names:	Xabisa					
2.3 Identity Number (RSA) Attach certified copy of ID:	8304280297084					
2.3.1 Below 35 Years? (X)	X NO					
2.4 Gender (X)	MALE			х		
2.5 Equity (X)	х	INDIAN	С	OLOURED	WHITE	

2.6 Do you have a disability, as stipulated by	y the	Emplo	yment	Act 55	of 19	98? (X	3)	YES	x
If yes, please specify:									
2.7 Home Address:				Addre		ome /	Addre	ess)	
10 Makana street									
Komani park									
2.9 Telephone / Cell:			0356	44					
2.10 Email:			nxane	@gm	ail.co	n			
2.11 Are you South African Citizen? (X)			2	K			N	0	
If No, please specify and attach documentatus. (E.g. permanent residence, Asylu						E			
2.12 Highest level of highest Quali	ifica	tion a	ttain	ed ()	()				TIT
NQF Level		Other							
8		Doctoral degrees, PhD							
7		Masters degrees							
6	X	4 year degrees							
5		National diplomas + Higher certificate							
4 Further Education and Training Certificate(FETC)		Grade 12, Matric Exemption							
3		Grade 11							
2		Grade 10							
1 General Education and Training Certificate(GETC)		Grade 9, ABET Level 4							
2.13 Title of your highest qualification?	Adv	vance	d Cert	ificate	: Mai	ketin	9		
2.14 Have you previously undertaken a	Inte	rnship	? (X)			YES		Х	
If yes, please specify: Title and Internship DoL Registration number		itle							
2.15 Were you employed by your employefore concluding this agreement? (X)		r EMPLOYED X							
(a) If unemployed, for how long?				-					
(b) If employed, when did you start working for your employer?		c	С	У	У	m	m	d	d

SECTION 3 PARENT OR GUARDIAN DETAILS

(To be completed if learner is a minor - i.e. unmarried person under 18 years)

3.1 Surname:	
3.2 Full Names:	
3.3 Identity Number (RSA):	
3.4 Home Address:	3.5 Postal Address: (If different from Home Address)
3.6 Home Telephone:	
3.7 Work Telephone:	
3.8 Cell Phone:	
3.9 E-mail Address :	

SECTION 4 EMPLOYER DETAILS (Lead Employer)

4.1 Legal Name of Employer:	Border ICT and Cabling Service CC			
4.2 Trading Name (if different from Legal Name):				
4.3 Home Address:	4.4 Postal Address: (If different from Home Address)			
16 King Street				
Southernwoord				
East London				
4.5 Are you liable for the skills developmen	it levy? (X)	х	NO	
If yes, what is your SDL number	L680796333			
4.6 Name of SETA with which you're registered	MICT SETA			
4.9 Are you acting as the lead Employer?	X NO			

4.10 Contact Person responsible for Internship:	Nobubele Vuba
4.11 Work Telephone:	0430070558
4.12 Work Fax:	
4.13 E-mail Address:	info@borderict.co.za

SECTION 5 HOST EMPLOYER

5.1 Legal Name of Employer:			
5.2 Trading Name (if different from Legal Name):			
5.3 Home Address:	5.4 Postal Addres (If different fro		dress)
5.5 Are you liable for the skills developmen	t levy? (X)	YES	NO
If yes, what is your SDL number			
5.6 Name of SETA with which you're registered			
5.7 Are you acting as the Host Employer?	YES		NO
5.8 Contact Person responsible for Internship:			
5.9 Work Telephone:			
5.10 Work Fax:			
5.11 E-mail Address:			

SECTION 6 SIGNATORIES

Learner's Signature:	Host Employer:
Hamm	
Date: 23 April 2018	Date:
Witness Signature:	Witness Signature:
AM.	
Date: 23 April 2018	Date:
Employer Signature:	
Ribert 1	
Date: 23 April 2018	
Witness Signature:	
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Date: 23 April 2018	
MICT SETA O	FFICIAL USE ONLY
LP ADMINISTRATOR	
LP MANAGER	