

Accreditation no: ACC/2014/00/160

Media, Information and Communication Technologies Sector Education and Training Authority



Accelerating quality skills towards an information savvy society

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:	IT Information Systems Administrator
1.2 Commencement date of the Internship agreement:	13-08-2018
1.3 Termination date of the Internship agreement:	03-01-2019

SECTION 2 LEARNER DETAILS

2.1 Surname:	Sikadi					
2.2 Full Names:	Yandiswa					
2.3 Identity Number (RSA) Attach certified copy of ID :	9404090799086					
2.3.1 Below 35 Years? (X)	X NO					
2.4 Gender (X)	MALE X					
2.5 Equity (X)	х	INDIAN	С	OLOURED	WHITE	

2.6 Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X) YES					X					
If yes, please specify:										
2.7 Home Address:			2.8 Postal Address: (If different from Home Address)							
40341 Mzonkeshe Location										
Newlands										
East London										
2.9 Telephone / Cell:		0733500711								
2.10 Email:		sikadeyandisa403@gmail.com								
2.11 Are you South African Citizen? (X)			>	(NO)	
If No, please specify and attach documents status. (E.g. permanent residence, Asylum se			3 <i>i</i>				E			
2.12 Highest level of highest Qualification attained (X)										
NQF Level		Other								
8		Doct	oral de	egree	s, PhD)				
7		Mast	ers de	grees	1					
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?		National Diploma : National diploma Administrative man								
2.14 Have you previously undertaken a	Internship? (X) YES X									
If yes , please specify: Title and Internship DoL Registration number	Title	le L Registration number								
2.15 Were you employed by your emplo before concluding this agreement? (X)	<u> </u>									
(a) If unemployed, for how long?										
(b) If employed, when did you start working for your employer?		С	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)

3.5 Postal Address: (If different from Home Address)

SECTION 4 EMPLOYER DETAILS (Lead Employer)

4.1 Legal Name of Employer:	LITTLE PIG CC			
4.2 Trading Name (if different from Legal Name):				
4.3 Home Address:	4.4 Postal Address: (If different from Home Address)			
11 William Avenue				
Vincent				
East London				
4.5 Are you liable for the skills development	levy? (X)	X	NO	
If yes, what is your SDL number	780780583			
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:	Lulamisa Kama
4.11 Work Telephone:	043 726 2864
4.12 Work Fax:	086 504 3042
4.13 E-mail Address:	lulamisa@littlepig.cc

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 from	-	lress)
5.5 Are you liable for the skills development	levy? (X)	YES	X
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?	x		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:
Date: 16 August 2018	Date:
Witness Signature:	Witness Signature:
N-Silmeto	
Date: 16 August 2018	Date:
Employer Signature:	
Herren	
Date: 16 August 2018	
Witness Signature:	
W. Malya	
Date: 16 August 2018	ICIAL HCF ONLY
	ICIAL USE ONLY
LP ADMINISTRATOR	
LP MANAGER	