

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:	bookkeeping
1.2 Commencement date of the Internship agreement:	20-08-2018
1.3 Termination date of the Internship agreement:	01-05-2019

SECTION 2 LEARNER DETAILS

2.1 Surname:	Tshazibana				
2.2 Full Names:	Ntombizanele				
2.3 Identity Number (RSA) Attach certified copy of ID:	9405091045080				
2.3.1 Below 35 Years? (X)	X NO				
2.4 Gender (X)	MALE			Х	
2.5 Equity (X)	x	INDIAN	CC	OLOURED	WHITE

2.6 Do you have a disability, as stipulated	by th	e Emp	loyme	nt Act	55 of :	1998?	(X)	YES	X
If yes, please specify:		7							
2.7 Home Address:		2.8 Postal Address: (If different from Home Address)							
Flat 27 Skyview st Georges street									
Southernwood									
2.9 Telephone / Cell:			0784356768						
2.10 Email:		nto	mbiza	nelets	shazib	ana2		ail.com)
2.11 Are you South African Citizen? (X)				X				NO	
If No, please specify and attach document status. (E.g. permanent residence, Asy	meni lum :	ts indi seeke	icating r, etc	g your				PLICAB TACH	LE
2.12 Highest level of highest Qua	lifica	ation	attai	ned (X)			W.	The state
NQF Level		Oth	er						
8		Doc	toral	degre	es, Ph	D			T
7		Masters degrees							
6		4 year degrees							
5		National diplomas + Higher certificate							
4 Further Education and Training Certificate(FETC)		Grade 12, Matric Exemption							
3		Grade 11				1			
2		Grade 10					+		
1 General Education and Training Certificate(GETC)	X	Grade 9, ABET Level 4							
2.13 Title of your highest qualification?	1	:							
2.14 Have you previously undertaken a	Inte	rnship	? (X)			YES		X	
If yes, please specify: Title and Internship DoL Registration number		itle							
2.15 Were you employed by your emplopefore concluding this agreement? (X)		EMPLOYED X							
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)

3.1 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:	READ FOR
3.8 Cell Phone:	A SECTION AND A
3.9 E-mail 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 Addres (If different from		idress)
11 William Avenue			
Vincent			
East London			
4.5 Are you liable for the skills developmer	it levy? (X)	Х	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

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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:	To the second		
5.2 Trading Name (if different from Legal Name):			
5.3 Home Address:	5.4 Postal Addres		dress)
5.5 Are you liable for the skills developmen	t levv? (Y)	YES	
If yes, what is your SDL number	Clevy: (A)	152	X
5.6 Name of SETA with which you're registered			
5.7 Are you acting as the Host Employer?	×		NO
5.8 Contact Person responsible for nternship:			
5.9 Work Telephone:			
5.10 Work Fax:			

SECTION 6 SIGNATORIES

Learner's Signature:	Host Employer:
W.	
Date: 15 August 2018	Date:
Witness Signature:	Witness Signature:
N-Silmeto	
Date: 15 August 2018	Date:
Employer Signature:	
(I)	
Acure !	
Date: 15 August 2018	
Witness Signature:	
M. Milya)	
17.0 J	
Date: 15 August 2018	
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