mictseta

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:	02-05-2018
1.3 Termination date of the Internship agreement:	01-05-2019

SECTION 2   LEARNER DETAILS

2.1 Surname:	Yokwana		
2.2 Full Names:	Masibulele		
2.3 Identity Number (RSA) **Attach certified copy of ID**:	8808086489083		
2.3.1 Below 35 Years? **(X)**	**X**	NO	
2.4 Gender **(X)**	**X**	FEMALE	
2.5 Equity **(X)**	X	INDIAN	COLOURED	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)**
Box 575	
Libode	
Mdlankomo	

2.9 Telephone / Cell:	0786832531	
2.10 Email:	masibuleleyokwana@gmail.com	
2.11 Are you South African Citizen? **(X)**	X	NO
If No, please specify and **attach** documents indicating your status. (E.g. permanent residence, Asylum seeker, etc)		IF APPLICABLE ATTACH

2.12 Highest level of highest Qualification attained (X)			
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?		National Diploma : Information Technology: communication n	

2.14 Have you previously undertaken a Internship? **(X)**		YES	X

If yes, please specify: Title and Internship DoL Registration number	Title	
	DoL Registration number	

2.15 Were you employed by your employer before concluding this agreement? **(X)**	EMPLOYED	X
(a) If unemployed, for how long?		

(b) If employed, when did you start working for your employer?	c	c	y	y	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)

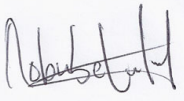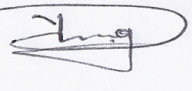|			
4.1 Legal Name of Employer:	Border ICT and Cabling Service		
4.2 Trading Name **(if different from Legal Name):**			
4.3 Home Address:	4.4 Postal Address: **(If different from Home Address)**		
16 King Street			
Southernwoord			
East London			
4.5 Are you liable for the skills development levy? **(X)**		**X**	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 Address: **(If different from Home Address)**		
5.5 Are you liable for the skills development 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:
(signature)	
Date: 30 April 2018	**Date:**
Witness Signature:	**Witness Signature:**
(signature)	
Date: 30 April 2018	**Date:**

Employer Signature:	
(signature)	
Date: 30 April 2018	
Witness Signature:	
(signature)	
Date: 30 April 2018	
MICT SETA OFFICIAL USE ONLY	
LP ADMINISTRATOR	
LP MANAGER	