

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: | <u>Financial Systems Advisor</u> |
| 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: | Kaweni | | | |
| 2.2 Full Names: | Nontembeko | | | |
| 2.3 Identity Number (RSA) Attach certified copy of ID: | 9004290515082 | | | |
| 2.3.1 Below 35 Years? (X) | X | NO | | |
| 2.4 Gender (X) | MALE | | X | |
| 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) | | | | | | | |
| 469 Nu 5b | | | | | | | | | | | |
| Mdantsane | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2.9 Telephone / Cell: | | | | 0723506210 | | | | | | | |
| 2.10 Email: | | | | kaweninn@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 | | | | X | | 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 | | | | | | | |
| 2 | | | | Grade 10 | | | | | | | |
| 1 General Education and Training Certificate(GETC) | | | | Grade 9, ABET Level 4 | | | | | | | |
| 2.13 Title of your highest qualification? | | | | Bachelors Degree : Cost and Management Accounting | | | | | | | |
| 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: | 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 Address: (If different from Home Address) | |
| | | |
| | | |
| | | |
| 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: | | |

SIGNATORIES

| | |
|--|--|
| Employer Signature:  | |
| Date: 20 April 2018 | |
| Witness Signature:  | |
| Date: 20 April 2018 | |
| MICT SETA OFFICIAL USE ONLY | |
| LP ADMINISTRATOR | |
| | |
| LP MANAGER | |
| | |
| | |