

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: | IT Information Systems Administrator | | |
|--|--------------------------------------|--|--|
| 1.2 Commencement date of the Internship agreement: | 22.05.2018 | | |
| 1.3 Termination date of the Internship agreement: | 01-05-2019 | | |

SECTION 2

LEARNER DETAILS

| 2.1 Surname: | Ndevu Zona | | | |
|--|---------------|--------|----------|-------|
| 2.2 Full Names: | | | | |
| 2.3 Identity Number (RSA) Attach certified copy of ID: | 9601301153082 | | | |
| 2.3.1 Below 35 Years? (X) | X | | NO | |
| 2.4 Gender (X) | 100 | MALE | × | |
| 2.5 Equity (X) | × | INDIAN | COLOURED | WHITE |

| 2.6 Do you have a disability, as stipulated by | the E | mployn | nent Ac | t 55 of | 19987 | (X) | YES | × |
|---|---|-------------------------|---------|-----------------|--------|--------|----------|-----|
| If yes, please specify: | | | | | | | | |
| 2.7 Home Address: | | | stal Ad | dress t fron | Hon | ne Ado | dress) | |
| 38129 Phase 3 | | | | | | Vine. | | |
| Scenery Park | | | | | 48.6 | | R. A. S. | |
| | | | | | | | | |
| 2.9 Telephone / Cell: | | 07874 | 92531 | | | | | |
| 2.10 Email: | | ndevu | 7zona | @gma | il.con | n | | |
| 2.11 Are you South African Citizen? (X) | | | X | | | | NO | |
| If No, please specify and attach docum status. (E.g. permanent residence, Asylu | | | | our | | | PPLICA | |
| 2.12 Highest level of highest Quality | ficat | ion at | taine | d (X) | | | hille. | |
| NQF Level | | Other | | | | | | |
| 8 | | Doctoral degrees, PhD | | | | | | |
| 7 | T IS | 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 | | | | 12219 | | | |
| 1 General Education and Training Certificate(GETC) | Grade 9, ABET Level 4 | | | | | | | |
| 2.13 Title of your highest qualification? | National Diploma : Information Technology | | | ogy | | | | |
| 2.14 Have you previously undertaken a | Inte | rnship? | (X) | 37800 | 10.0 | YES | 10 10 | X |
| If yes, please specify: Title and | Title | | | | | | | |
| nternship DoL Registration number | | DoL Registration number | | | | 1.77 | | |
| 2.15 Were you employed by your emplo before concluding this agreement? (X) | loyer EMPLOYED X | | | X | | | | |
| (a) If unemployed, for how long? | 7 19 | 1000 | | | 1515 | | 7.79 | HON |
| (b) If employed, when did you start working for your employer? | | С | С | У | У | m | m | 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) | | × | NO |
| If yes, what is your SDL number | 780780583 | | |
| | MICT SETA | | |
| 4.6 Name of SETA with which you're registered | MICT SETA | | |

| 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

| | | AND DESCRIPTION OF THE PARTY OF |
|-----------|--|--|
| | No. 17 Per | |
| | | |
| | | dress) |
| | | |
| 仍居出来从最 | | |
| | | |
| levy? (X) | YES | NO |
| | | |
| | | |
| YES N | | NO |
| | | |
| | STATE OF THE PARTY | |
| | | |
| | | |
| | (If different fro | |

SECTION 6

SIGNATORIES

| Learner's Signature: | Host Employer: |
|--|---------------------|
| Date: 20 April 2018 | Date: |
| Witness Signature: | Witness Signature: |
| Marina | |
| Date: 20 April 2018 | Date: |
| | |
| Employer Signature: | |
| Hama | |
| Date: 20 April 2018 | |
| Witness Signature: | |
| with | |
| Date: 20 April 2018 | |
| MICT SET | A OFFICIAL USE ONLY |
| LP ADMINISTRATOR | |
| WEST STREET, S | |
| LP MANAGER | |
| | |