

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

SECTION 2 LEARNER DETAILS

2.1 Surname:	Bon	iwe			
2.2 Full Names:	Chumani				
2.3 Identity Number (RSA) Attach certified copy of ID :	9212185894088				
2.3.1 Below 35 Years? (X)	X NO				
2.4 Gender (X)	X FEMAL			E	
2.5 Equity (X)	х	INDIAN	С	OLOURED	WHITE

2.6 Do you have a disability, as stipulated by	the '	he 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)							
Tyutyu Village									
Location									
2.9 Telephone / Cell:		0833540033							
2.10 Email:		chumani192@gmail.com							
2.11 Are you South African Citizen? (X)		X NO							
If No, please specify and attach docum status. (E.g. permanent residence, Asylu					E				
2.12 Highest level of highest Quali	fica	tion a	ttain	ed (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?	Nati	ational Diploma : Information Technology			•				
2.14 Have you previously undertaken a	Inter	nship	? (X)			YES		Х	
If yes, please specify: Title and Internship DoL Registration number			e						
	Dol	OoL Registration number							
2.15 Were you employed by your emplo before concluding this agreement? (X)	yer	er 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)

3.5 Postal Address: (If different from Home Address)

SECTION 4 EMPLOYER DETAILS (Lead Employer)

4.1 Legal Name of Employer:	Border ICT and Cabli	ng Service	: CC
4.2 Trading Name (if different from Legal Name):			
4.3 Home Address:	4.4 Postal Address: (If different from I	lome Add	lress)
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

HOST EMPLOYER **SECTION 5**

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 H	lome Add	lress)
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:
BOU	
Date: 23 April 2018	Date:
Witness Signature:	Witness Signature:
Aldri.	
Date: 23 April 2018	Date:
Employer Signature:	
aprisation	
Date: 23 April 2018	
Witness Signature:	
Thing	
Date: 23 April 2018	
MICT SETA OFF	ICIAL USE ONLY
LP ADMINISTRATOR	
LP MANAGER	