

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>Graphic Designer</u>
1.2 Commencement date of the Internship agreement:	07-08-2018
1.3 Termination date of the Internship agreement:	01-05-2019

SECTION 2 LEARNER DETAILS

2.1 Surname:	Makhafola			
2.2 Full Names:	Kelebogile			
2.3 Identity Number (RSA) Attach certified copy of ID:	9506170074089			
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)							
1996 Dlamini Extension 2											
Fox Lake											
2.9 Telephone / Cell:				0767287103							
2.10 Email:				thatomakhafola@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 : Diploma in Computer-Based Graphic D							
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:	LITTLEPIG 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)		
5.5 Are you liable for the skills development levy? (X)	YES	X	
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?	X	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: 06 August 2018	
Witness Signature: 	
Date: 06 August 2018	
MICT SETA OFFICIAL USE ONLY	
LP ADMINISTRATOR	
LP MANAGER	