

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:	Skit	i				
2.2 Full Names:	Noxolo					
2.3 Identity Number (RSA) Attach certified copy of ID :	8609270856081					
2.3.1 Below 35 Years? (X)	X NO					
2.4 Gender (X)	MALE X				X	
2.5 Equity (X)	X	INDIAN	С	OLOURED	WHITE	

	2.6 Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X) YES						X					
Luthuli A/A Tsomo 2.9 Telephone / Cell: 2.10 Email: 2.11 Are you South African Citizen? (X) The status. (E.g. permanent residence, Asylum seeker, etc) Total Highest level of highest Qualification attained (X) NOF Level The places degrees of the status of the sta	If yes, please specify:											
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(b) If employed, when did you start c c y y m m d			3									
	(a) If unemployed, for how long?						•					
working for your employer?	(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 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:
Landon	
Date: 30 April 2018	Date:
Witness Signature:	Witness Signature:
Date: 30 April 2018	Date:
Employer Signature:	
Conselati	
Date: 30 April 2018	
Witness Signature:	
Thig	
Date: 30 April 2018	
	ICIAL USE ONLY
LP ADMINISTRATOR	
LP MANAGER	