



INDUSTRY FUNDED CANDIDACY PROGRAMME AGREEMENT

NB: PLEASE CHECK THE FOLLOWING PRIOR TO SUBMISSION:

- Certified Copy of ID
- Certified Copy of Highest Qualification
- Fixed Term Contract

Part A: CANDIDACY PROGRAMME DETAILS AND PARTIES TO AGREEMENT

SECTION 1:

PROGRAMME DETAILS (MANDATORY)

1.1 Title of Programme:								
1.2 Commencement date of the programme agreement:								
1.4 Termination date of the programme agreement:								

SECTION 2:

INTERN DETAILS (MANDATORY)

Protection Of Personal Information (POPI) Act Status

I _____, ID Number _____

Agree or disagree that the information contained in this agreement can be shared with Auditor General, MICT Internal Auditors and Department of Higher Education and Training Auditors and Officials.

2.1 Surname:									
2.2 Full Names:									
2.3 Identity Number (RSA) Attach certified copy of ID									
2.3.1 Below 35 Years? (X)	YES				NO				
2.4 Gender (X)	MALE				FEMALE				
2.5 Equity (X)	AFRICAN		INDIAN		2.5	Equity (X)		AFRICAN	
2.6 Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X)					YES	NO			
If yes, please specify:									
2.7 Current Residential Home Address:	2.8 Current residential Postal Address (If different from Home Address)								
2.8 Municipality:			Municipality:						
2.9 Province:			Province:						

2.10 Area code:		Area code:							
2.11 Cell Phone Number:	Cell Phone Number:								
2.12 Are you a South African Citizen? (X)	YES			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		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?									
2.14 Name of Institution obtained from									
2.15 Year of National Senior Certificate									
2.16 Name of High school obtained from									
2.17 Are you currently partaking in any Seta Funded Programme? (X)				YES		NO			
If yes, please specify:		Title of the Programme							
		Start & End Date							
2.18 Were you employed by your employer? before concluding this agreement? (X)		EMPLOYED			UNEMPLOYED				
(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:**LEAD EMPLOYER (MANDATORY)**

4.1 Legal Name of Employer:								
4.2 Trading Name (if different from Legal Name):								
4.3 Business Address:	4.4 Postal Address (If different from Business Address):							
4.5 Are you liable for the skills development levy? (X)				YES		NO		
If yes , what is your SDL number								
4.6 Name of SETA with which you're registered:								
4.9 Are you acting as the lead Employer?				YES		NO		
4.10 Contact Person responsible for Candidacy :								
4.11 Work Telephone:								
4.12 Work Fax:								
4.13 E-mail Address:								

SECTION 5:**HOST EMPLOYER**

(To be completed if different from Lead employer)

5.1 Legal Name of Employer:								
5.2 Trading Name (if different from Legal Name):								
5.3 Business Address:	5.4 Postal Address (If different from Business 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 Candidacy programme:								
5.9 Work Telephone:								
5.10 Work Fax:								
5.11 E-mail Address:								

SECTION 6:**SIGNATORIES:**

Dual signatories required if you are Employer and Lead Employer

Employer's Signature:**Date:****Lead Employer's Signature:****Date:**

Learner's signature:	
Date:	