



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:	2323							
1.2 Commencement date of the programme agreement:	3 2 3 3							
1.4 Termination date of the programme agreement:	3 3 2							

SECTION 2:

INTERN DETAILS (MANDATORY)

Protection Of Personal Information (POPI) Act Status

I neo, ID Number 92692692369

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:	neo														
2.2 Full Names:	sds														
2.3 Identity Number (RSA) Attach certified copy of ID	9	6	3	6	5	8	9	8	8	5	9	2	4		
2.3.1 Below 35 Years? (X)	YES ✓						NO								
2.4 Gender (X)	MALE						FEMALE x								
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:				VCCVCV											
2.7 Current Residential Home Address:	2.8 Current residential Postal Address (If different from Home Address)														
CVCCCCVVVCVCV	XXZZXXXXZ														
2.8 Municipality:	XX			Municipality:											
2.9 Province:	XZXXZ			Province:											

2.10 Area code:		Area code: 2555555
2.11 Cell Phone Number:		Cell Phone Number: 455463565
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		
8	Other 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?	4454	
2.14 Name of Institution obtained from	44545	
2.15 Year of National Senior Certificate	4545	
2.16 Name of High school obtained from	4545	
2.17 Are you currently partaking in any Seta Funded Programme? (X))	YES	NO
If yes, please specify:	Title of the Programme	4545
	Start & End Date	05/05/0045 01/08/2026
2.18 Were you employed by your employer? before concluding this agreement? (X)	EMPLOYED <input checked="" type="checkbox"/>	UNEMPLOYED
(a) If unemployed, for how long?	KLKKL	
(b) If employed, when did you start working for your employer?	<input type="checkbox"/>	

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:	DSDSDS									
4.2 Trading Name (if different from Legal Name):	DSSD									
4.3 Business Address:	4.4 Postal Address (If different from Business Address):									
SDDS	SDD									
4.5 Are you liable for the skills development levy? (X)					YES <input checked="" type="checkbox"/>		NO			
If yes, what is your SDL number		S	D	D	S	S	D	S	D	S
4.6 Name of SETA with which you're registered:					SDDSSD					
4.9 Are you acting as the lead Employer?					YES <input checked="" type="checkbox"/>		NO			
4.10 Contact Person responsible for Candidacy :					EWEWEW					
4.11 Work Telephone:		5656565								
4.12 Work Fax:		78778								
4.13 E-mail Address:		787878								

SECTION 5:**HOST EMPLOYER**

(To be completed if different from Lead employer)

5.1 Legal Name of Employer:	ss									
5.2 Trading Name (if different from Legal Name):	dsdd									
5.3 Business Address:	5.4 Postal Address (If different from Business Address):									
sdsds	sdsd									
5.5 Are you liable for the skills development levy? (X)					YES <input checked="" type="checkbox"/>		NO			
If yes, what is your SDL number		S	d	s	d					
5.6 Name of SETA with which you're registered:					sdsd					
5.7 Are you acting as the Host Employer?					YES <input checked="" type="checkbox"/>		NO			
5.8 Contact Person responsible for Candidacy programme:					sdds					
5.9 Work Telephone:		4324334								
5.10 Work Fax:		32323								
5.11 E-mail Address:		23232								

SECTION 6:**SIGNATORIES:**

Dual signatories required if you are Employer and Lead Employer

Employer's Signature:**Date:** 01/09/2026**Lead Employer's Signature:****Date:** 01/08/2026

Learner's signature:



Date: 01/08/2026