**Workplace Based Learning Programme**



**Agreement**

**Project Name: \_W&R SETA Funded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rural Disability TVET**

**(Complete the form in black ink)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Information** *(Please tick the applicable box🗹)*    **W&RSETA Funded** *🗹*  **Non-W&RSETA Funded**  **Cross-Sectoral Programme**  **W&R Employer Yes** *🗹* **No** | **PROGRAMME TYPE** *(Please tick the applicable box 🗹)*   |  |  | | --- | --- | |  | Artisan Apprenticeship | |  | Artisan Trade Test / ARPL | | P | Learnership Programme | |  | RPL | |  | Internship Programme for the N Diploma (18 Months) | |  | Graduate Placement (Degree) | |  | Graduate Placement (Diploma) | |  | NCV L4 Placement | |  | HET 3 month Internship | |
| This Agreement is entered into between: | |
| **Employer registered name: \_ Tarsus Distribution (Pty) Ltd \_\_\_\_ SDL number: \_\_ L310751153\_\_\_\_\_\_\_\_\_**  *Hereafter referred to as the Employer* *(X/N number if no SDL number)*  **Workplace Site: \_\_\_ Tarsus Woodmead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Training Provider full name:** \_Apex Business Academy \_\_\_ **SDL number**: \_ L510816954  Hereafter referred to as “the Training Provider”) *(X/N number if no SDL number)*  **Primary Accreditation SETA: \_\_Services Seta\_\_\_\_ Accreditation end date: \_\_\_30 June 2024\_\_\_\_\_\_\_\_** | |
| and  **Learner full Name and Surname** *(as it appears on ID):* **{{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}}**  **ID Number: {{national\_id}}**  18.2  18.1  **Socio Economic Status (Please tick the applicable box) Or** | |
| for  **Learning Programme Title:** National Certificate: Business Analysis Support Practice NQF L5**\_\_\_\_\_\_**  **Learning Programme ID number: \_\_63769\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **(Compulsory)Supporting documents to be attached:**   1. Certified copy of ID/Smart Card (Both Sides), not older than 6 months 2. Certified copy of Highest Qualification, not older than 6 months 3. Pre-Assessment / Entrance Assessment Results (Only if no Highest Qualification) 4. Fixed-Term Contract of employment (18.2) 5. Confirmation of employment (18.1) 6. Proof of approved letter of intent (Non-W&RSETA funded) or fully signed Award Letter (W&RSETA funded)   **Please ensure that this learner agreement is completed correctly before submission to avoid the learner agreement being rejected.** | |

|  |
| --- |
| SETMIS LEARNER ADDITIONAL INFORMATION FORM |
| 1. **LEARNER DETAILS** |
| **Surname: {{learner\_last\_name}}**  **First Names: {{learner\_first\_name}} {{learner\_middle\_name}}**  **ID Number: {{national\_id}}**  **Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Area Code :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **PREVIOUS SCHOOL ATTENDED** |
| **Name of Last School Attended: {{secondary\_school\_name}}**  **School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Highest Level/Grade Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Year Obtained: {{secondary\_year\_completed}}** |
| 1. **ORGANISATION DETAILS** |
| **Employer Name \_\_\_ Tarsus Distribution (Pty) Ltd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Website \_\_ www.tarsus.co.za \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Address and GPS Coordinates \_\_1 Raucana Street, Waterfall Commercial District, Ext 9\_\_\_\_\_**  **Area Code \_\_2191\_\_\_\_\_\_\_\_\_\_\_GPS Coordinates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Contact Number \_\_\_\_\_\_\_\_(011) 531 1167\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name & Surname of Contact Person \_\_\_ Adel Goussard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **TRAINING PROVIDER DETAILS** |
| **Provider Name\_\_\_\_\_** Apex Business Academy **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Accreditation Number \_LPA/00/2022/07/0017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary SETA \_\_Services SETA\_\_\_**  **Provider Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Contact Number\_\_\_\_**0115686629**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Provider Address and GPS Coordinates\_\_\_** Block M, Central Park, 400 16th Road, Randjespark, Midrand,  **Area Code \_**1685**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPS Coordinates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| 1. **DECLARATION AND CONSENT TO PROCESS INFORMATION IN TERMS OF THE POPI ACT** |
| **5.1 PROTECTION OF PERSONAL INFORMATION**  The W&RSETA is committed to protecting and promoting the privacy of Personal Information of learners that take part in W&RSETA programmes and any other individuals or organizations that the W&RSETA engages with; to give effect to an individual or company’s constitutional right to privacy; and to fulfil its obligations under the Protection of Personal Information (POPI) Act No 4 of 2013.  The W&RSETA is also committed in ensuring that Personal Information provided by persons taking part in W&RSETA programmes will not be processed for purposes prohibited by POPI Act and/or the principles contained in POPI. Where provision of information of W&RSETA programmes participants is required by national departments e.g. the Department of Higher Education and Training, the W&RSETA will ensure that such information is processed in compliance with the provisions of the POPI Act.  Participants in W&RSETA programmes are requested to ensure that the information provided is complete and accurate as incorrect information may cause delays with programme implementation.  **5.2 CONSENT BY LEARNER**  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that all information provided herein is complete and correct. I further acknowledge that I understand the purposes for which it is required and for which it will be used and agree to my personal data being processed as required.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Learner Date  Name and Surname of Guardian/Parent (If Learner is a Minor i.e. less than eighteen (18) years)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Guardian/ Parent Date |

**WORK-BASED LEARNING PROGRAMME AGREEMENT**



**Annexure A**

**PART A: INTERPRETATION**

In this agreement, unless the context indicates otherwise, any word or expression to which a meaning has been assigned in the skills development Act, 1998(Act 97 of 1998) (‘the Act’) or the SETA workplace-based learning programme agreement regulations, 2018(‘these regulations’) shall have the meaning so assigned.

**PART B: DEFINITIONS**

For the purpose of workplace-based learning programme agreements only:

“apprenticeship” means a period of workplace-based learning culminating in an occupational qualification for a listed trade.

“candidacy” means a period of workplace-based learning undertaken by a graduate as part of the requirement for registration as professional in the required professional designation as stipulated by a professional body.

“internship for the N Diploma” means a period of workplace-based undertaken as part of the requirement for the N Diploma.

“learnership” means a period of workplace-based learning culminating in an occupational qualification or part qualification.

“student internship: Category A” means a period of workplace-based undertaken as part of the requirement for the Diploma, National Diploma, Higher Certificate or Advanced Certificate as vocational qualification stipulated in the higher education Qualifications Sub-framework(HEQSF).

“student internship; category B” means a period of workplace-based undertaken as part of the requirement for a professional qualification.

“student internship; category C “means a period of workplace-based learning undertaken as part of the requirement for a professional qualification of the quality council for trades and occupations (QCTO).

**“**graduate internship**”** means a period of workplace-based learning for the purpose allowing a person who has completed a post school qualification to gain work place experience or exposure to enhance competence and/or employability. This may include academic staff which existing qualifications that need industrial exposure or experience.

**“**student internship**”** means a period of workplace-based learning for a person who is enrolled at an education and training institution for SAQA registered qualification and may include vacation work.

**PART C: TERMS AND CONDITIONS OF AGREEMENT**

1 **Declaration of the parties**

We understand that this Agreement is legally binding.

We understand that it is an offence in terms of the Act to provide false or misleading information in this Agreement.

We agree to the following rights and duties.

2 **Rights and duties of learners, employers and training providers**

2.1 **Rights of the Learner**

The learner has the right to:

### 2.1.1 receive an induction to the workplace based learning programme;

### 2.1.2 be educated and trained under the workplace based learning programme;

### 2.1.3 access to the required resources for all the required curriculum components of the work-based learning programme;

### 2.1.4 be assessed internally as specified and have access to the assessment results of the workplace based learning programme;

### 2.1.5 have access to final external summative assessment as specified in the assessment specification;

### 2.1.6 if successful, be awarded a certificate of competence by the relevant body;

### 2.1.7 in the case of an unemployed learner, receive the agreed workplace-based learning programme allowance for the duration of the learning programme; and

### 2.1.8 raise grievances in writing with the SETA concerning any shortcomings in the quality of the education and training under the workplace-based learning programme.

2.2 **Duties of the Learner**

The learner must;

### 2.2.1 carry out all related work experience activities specified in the workplace-based learning programme.

### 2.2.2 comply with the employer’s workplace policies and procedures;

### 2.2.3 be available for, and participate in, all knowledge practical skills and work experience activities that are required by the workplace-based learning programme;

### 2.2.4 complete timesheets and projects and participate in all internal assessment activities that are required for the final external summative assessment at the end of the workplace-based learning programme; and

### 2.2.5 be available for the final external summative assessment of occupational competence on the date and place scheduled.

2.3 **Rights of the Employer**

The employer has the right to require the learner to:

### 2.3.1 perform lawful duties in terms of this Agreement; and

### 2.3.2 Comply with the rules and regulations concerning the employer’s workplace policies and procedures.

2.4 **Duties of the Employer**

The employer must:

### 2.4.1 Comply with all duties in terms of the Act and applicable legislation including those listed hereunder unless other legislation exists that is applicable to the employer specifically:

2.4.1.1 Basic Conditions of Employment Act, 1997 (75 of 1997);

2.4.1.2 Labour Relations Act, 1995 (66 of 1995);

2.4.1.3 Employment Equity Act, 1998 (55 of 1998);

2.4.1.4 Occupational Health and Safety Act, 1993 (85 of 1993 (or Mine Health and Safety Act, 1996 (27 of 1996));

2.4.1.5 Compensation for Occupational Injuries and Diseases Act, 1993(130 of 1993); and

2.4.1.6 Unemployment Insurance Act 1996 (30 of 1996);

### 2.4.2 Provide the facilities and resources required for the work experience components of the workplace-based learning programme;

### 2.4.3 Provide the learner with supervision, mentoring and coaching at work;

### 2.4.4 Release the learner during normal work hours to attend the off-the-job components of the workplace based learning programme;

### 2.4.5 Complete the learners work records;

### 2.4.6 Keep up to date records of workplace learning and periodically discuss progress with the learner and the training provider;

### 2.4.7 If the learner was not in the employment of the employer at the time of concluding this Agreement the employer must;

2.4.7.1 Enter into a contract of employment with the learner for the duration of the learning programme;

2.4.7.2 Advice the learner of the terms and conditions of his or her employment, including the learner allowance;

2.4.7.3 Advise the learner of the employer’s workplace policies and procedures.

2.4.7.4 Pay the learner on time the agreed learner allowance for the duration of the learning programme; and

2.4.7.5 Apply the same disciplinary, grievance and dispute resolution procedures to the learner as to any other employee.

### 2.4.8 Submit the signed learning programme agreement to the SETA for registration.

2.5 **Rights of the provider**

## The training provider has the right to access the learner’s work experience records

2.6 **Duties of the provider**

## The provider must:

### 2.6.1 Provide the knowledge and practical skills components specified in the work-based learning program;

### 2.6.2 Provide the learner support as required by the workplace-based learning programme;

### 2.6.3 Record, monitor and retain details of the education and training provided to the learner in terms of the workplace-based learning programme and periodically discuss and record progress with the learner and the employer;

### 2.6.4 Conduct internal assessment for the knowledge and practical skills components specified in the workplace-based learning programme; and

### 2.6.5 Issue statement of results.

3 **Completion or Termination of this Agreement**

## 3.1 This workplace based learning programme agreement is completed:

### 3.1.1 on the date as stipulated in this agreement as completion date or;

### 3.1.2 On an earlier date if the learner has successfully completed the final external summative assessment and fulfilled all requirements associated with the specified workplace experience activities of the work-based learning programme.

## 3.2 This workplace based learning programme agreement is terminated if:

### 3.2.1 The learner is fairly dismissed by the employer for a reason related to the learner’s conduct or capacity as an employee or;

### 3.2.2 The SETA approves the termination of the Agreement in terms of the SETA workplace-based learning programme Regulations.

**PART C: DETAILS OF THE LEARNING PROGRAMME AND THE PARTIES TO THIS AGREEMENT**

|  |
| --- |
| **Please take note of the following:**   * If the learner is not already in the employ of the employer, the learner and employer must conclude a contract of employment. * If the learner is unmarried person under 18 years then the learner's parent or guardian must be a party to this Agreement and must complete section 2. The parent or guardian ceases to be a party to this Agreement once the learner turns 18; * If a group of employers are party to this Agreement, one of the employers must perform the function of a lead employer. The lead employer must complete section 3. Details of the other employers must be attached on a separate sheet; and * If a group of providers is party to this Agreement, one of the providers must perform the function of lead provider. The lead provider must be accredited for the relevant curriculum components and must complete section 4. Details of the other providers must be attached on a separate sheet. |

**1. Learner details**

1.1 Full name: **{{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}}**

1.2 Identity number: **{{national\_id}}**

1.3 Date of birth: **{{learner\_birth\_date}}**

|  |  |  |  |
| --- | --- | --- | --- |
| **{{gender\_male}}** | Male | **{{gender\_female}}** | Female |

1.4 Sex:

## 1.5 Race:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **{{equity\_african}}** | African | **{{equity\_indian}}** | Indian | |
|  |  |  |  | |
| **{{equity\_coloured}}** | Coloured | **{{equity\_white}}** | White | |
|  |  |  |  | |
|  | Other (specify): | | |  |

1.6 Do you have a disability, as contemplated by the Employment Equity Act, 1998 (55 of 1998) [[1]](#footnote-1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **{{disability\_sight}} {{disability\_hearing}} {{disability\_communication}} {{disability\_physical}} {{disability\_intellectual}} {{disability\_emotional}} {{disability\_multiple}} {{disability\_unspecified}}** | Yes (specify): {{disability\_status\_name}} |  |  | **{{disability\_none}}** | No |

1.7 Learner’s residential, home and birth place addresses: **{{address\_line1}}, {{address\_line2}},**

{{city}}, {{state\_province}}, {{postal\_code}}

1.8 Contact Telephone number: **{{phone\_number}}**

**(As many contact numbers as possible .one MUST be a cell number.)**

1.9 Postal address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.10 E-mail address: **{{email\_address}}**

1.11 Are you a South African citizen?

|  |  |  |  |
| --- | --- | --- | --- |
| {{citizen\_sa}} | Yes | {{citizen\_other}} {{citizen\_unknown}}{{citizen\_permanent}} | No |

## 

## No (specify and attach documents indicating your status including citizenship,

And/or: permanent residence, study permit, etc.

1.12 Were you employed by your employer before concluding this Agreement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| {{socio\_employed}} | Yes | {{socio\_unemployed\_seeking}}{{socio\_not\_working\_not\_looking}}{{socio\_homemaker}}{{socio\_student}}{{socio\_pensioner}}{{socio\_disabled}}{{socio\_no\_wish\_to\_work}} {{socio\_not\_working\_nec}}{{socio\_aged\_under\_15}}{{socio\_institution}}{{socio\_unspecified}} | No |  |

1.13 Were you party to a workplace-based learning programme agreement at any time in the past

Before concluding this agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

**2. Parent or Guardian details**

(To be completed if learner is a minor – i.e. an unmarried person under 18 years.)

2.1 Full name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 2 Identity number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4 Postal address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.5 Telephone number (home and work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.6 E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 Employer details**

3.1 Legal name of employer: \_\_\_ Tarsus Distribution (Pty) Ltd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.2 Trading name (if different from above): \_\_\_ Tarsus Distribution (Pty) Ltd \_\_\_\_\_\_\_

3.3 Employer workplace approval number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.4 Approving SETA: \_\_\_\_\_ W&R SETA \_\_\_\_\_\_\_\_\_\_\_\_

3.5 Approval date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.6 Approval review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.7 Are you liable for the skills development levy (SDL)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| √ | Yes |  | No |  |

## If yes, what is your SDL number: \_\_ L310751153\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.8 Name of SETA with which you are registered: \_\_\_ W&R SETA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.9 What is the Standard Industrial Classification (SIC) code that applies to your core business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.10 Are you acting as the Lead Employer?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

3.11 Business address: \_\_1 Ruacana Street, Waterfall Commercial District Ext 9\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Buccleuch, Standton \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Germiston, 2191\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.12 Postal address (if different from 3.11): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.13 Name of contact person: \_\_\_\_\_ Adel Goussard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.14 Telephone Number: \_\_\_\_\_\_\_\_\_011 531 1000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.15 Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.16 Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_079 692 6746\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.17 E-mail address: \_\_\_\_\_\_\_AGoussard@tarsus.co.za \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Training Provider details**

* 1. Legal name of Training Provider: APEX Business Academy Pty Ltd
  2. Trading name (if different from above):
  3. Are you acting as the Lead Provider?

Yes No

X

* 1. Are you liable for the skills development levy (SDL)?

Yes No

X

If yes, what is your SDL number: L510816954

* 1. What is the Standard Industrial Classification (SIC) code that applies to your core business:
  2. Accreditation Council: MICT SETA
  3. Accreditation number: \_LPA/00/2022/07/0017
  4. Accreditation review date: 30 June 2024
  5. Business address:

1685

Block M, Central Park, 400 16th Road, Randjespark, Midrand,

* 1. Postal address (if different from 4.9): N/A
  2. Name of contact person: Gillian Watkins
  3. Telephone number: 0115686629
  4. Fax number: N/A
  5. E-mail address: [Gillian@apexu.co.za](mailto:Gillian@apexu.co.za)

# 5. Contract of employment

5.1 Is the learner contract of employment specific to the period of the agreement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes Specify \_\_\_\_\_\_\_\_ | √ | No |  |

If yes attach a copy of the contract of employment.

5.2 Does the learner have a copy of the contract of employment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | √ |  |  |

No explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes

# 6. Workplace based Learning Programme Selection:

|  |  |
| --- | --- |
| Work Based Learning programme type | Place an X next to ONLY ONE Type |
| 1.Apprenticeship |  |
| 2.Learnership | X |
| 3.Internship for the N Diploma |  |
| 4.Candidacy |  |
| 5.Student Internship :Category A |  |
| 6. Student Internship :Category B |  |
| 7. Student Internship :Category C |  |
| 8. Student Internship |  |
| 9.Graduate Internship |  |

|  |  |
| --- | --- |
| SETA responsible for agreement | W&R SETA |
| Qualifications or part qualifications tittle associated with agreement if applicable | National Certificate: Business Analysis Support Practice NQF L5 |
| Qualification or part qualification SAQA ID number associated with agreement if applicable | 63769 |
| Curriculum registration number associated with the agreement |  |
| QCTO appointed Assessment Quality Partner (AQP) associated with the workplace-based agreement |  |
| Agreement start date ( date SETA registers the agreement) | 31 May 2024 |
| Agreement end date ( subject to number of credits of qualification or part qualification or duration of curriculum ) | 30 May 2025 |
| Designation registered with SAQA if applicable |  |

# 7. Signatories

|  |  |
| --- | --- |
| **Learner Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Parent or Guardian’s signature**  (Only if the learner is a minor)  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| **Employer or Lead Employer’s Signature**  Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Training Provider or Lead Training Provider’s Signature**  Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. [↑](#footnote-ref-1)