



**WORK-BASED LEARNING PROGRAMME AGREEMENT**

**NB: PLEASE CHECK THE FOLLOWING PRIOR TO SUBMISSION:**

* Attach Certified Copy of ID.
* Attach Unemployed learner - contract of employment
* Attach Copy of the highest Qualification

**Part A: LEARNERSHIP DETAILS AND PARTIES TO AGREEMENT**

**SECTION 1: LEARNERSHIP DETAILS**

|  |  |  |  |  |  |  |  |  |
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| * 1. Title of LEARNERSHIP : | **NC: IT: End User Computer NQF Level 3 – 61591 LP 49077** | | | | | | | |
| * 1. Commencement date of the LEARNERSHIP agreement: | 0 | 1 | 0 | 3 | 2 | 0 | 2 | 5 |
| 1.4 Termination date of the LEARNERSHIP agreement: | 2 | 8 | 0 | 2 | 2 | 0 | 2 | 6 |

**SECTION 2: LEARNER DETAILS**

**Protection of Public Information (POPI) Act Status**

**I** {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}}**, ID Number** {{national\_id}}

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.

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| * 1. Surname: | {{learner\_last\_name}} | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 Full Names: | {{learner\_first\_name}} {{learner\_middle\_name}} | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Identity Number (RSA)  **Attach certified copy of ID** | {{national\_id\_0}} | {{national\_id\_1}} | | {{national\_id\_2}} | {{national\_id\_3}} | | | {{national\_id\_4}} | {{national\_id\_5}} | | {{national\_id\_6}} | | {{national\_id\_7}} | | {{national\_id\_8}} | | {{national\_id\_9}} | {{national\_id\_10}} | | {{national\_id\_11}} | | | {{national\_id\_12}} |
| * + 1. Below 35 Years? **(X)** | YES {{below\_35\_yes}} | | | | | | | | | | | NO {{below\_35\_no}} | | | | | | | | | | | |
| * 1. Gender **(X)** | | | | | | | MALE {{gender\_male}} | | | | | | | FEMALE {{gender\_female}} | | | | | | | | | |
| 2.5 Equity **(X)** | | | | | | | AFRICAN {{equity\_african}} | | | INDIAN {{equity\_indian}} | | | | COLOURED {{equity\_coloured}} | | | | | WHITE {{equity\_white}} | | | | |
| 2.6 Do you have a disability, as stipulated by the Employment Act 55 of 1998? **(X)** | | | | | | | | | | | | | | | | | | YES {{disability\_sight}} {{disability\_hearing}} {{disability\_communication}} {{disability\_physical}} {{disability\_intellectual}} {{disability\_emotional}} {{disability\_multiple}} {{disability\_unspecified}} | | | | NO {{disability\_none}} | |
| If yes, please specify: | | | | | | | {{disability\_status\_code}} | | | | | | | | | | | | | | | | |
| 2.7 Home Address: | | | | | | 2.8 Postal Address  **(If different from Home Address)** | | | | | | | | | | | | | | | | | |
| {{address\_line1}} | | | | | |  | | | | | | | | | | | | | | | | | |
| {{address\_line2}} | | | | | |  | | | | | | | | | | | | | | | | | |
| {{city}}, {{state\_province}} | | | | | |  | | | | | | | | | | | | | | | | | |
| {{postal\_code}} | | | | | |  | | | | | | | | | | | | | | | | | |
| * 1. Telephone / Cell: | | | | | | {{phone\_number}} | | | | | | | | | | | | | | | | | |
| * 1. E-mail Address: | | | | | | {{email\_address}} | | | | | | | | | | | | | | | | | |
| * 1. Are you a South African Citizen? **(X)** | | | | | | YES {{citizen\_sa}}{{citizen\_dual}} | | | | | | | | | | NO {{citizen\_other}} {{citizen\_unknown}} | | | | | | | |
| **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 | | | | | | | | | | | | | | | {{tertiary\_doctoral}} | | |
| 7 | | |  | | | Masters degrees | | | | | | | | | | | | | | | {{tertiary\_masters\_diploma}} | | |
| 6 | | |  | | | 4 year degrees | | | | | | | | | | | | | | | {{tertiary\_first\_degree}} | | |
| 5 | | |  | | | National diplomas + Higher certificate | | | | | | | | | | | | | | | {{tertiary\_national\_certificate}} {{tertiary\_higher\_diploma}} | | |
| 4 Further Education and Training Certificate (FETC) | | |  | | | Grade 12, Matric Exemption | | | | | | | | | | | | | | | {{tertiary\_senior\_certificate}} | | |
| 3 | | |  | | | Grade 11 | | | | | | | | | | | | | | |  | | |
| 2 | | |  | | | Grade 10 | | | | | | | | | | | | | | |  | | |
| 1 General Education and Training Certificate (GETC) | | |  | | | Grade 9, ABET Level 4 | | | | | | | | | | | | | | |  | | |

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| * 1. Title of your highest qualification? | | | {{highest\_tertiary\_education}} | | | | | | | | | |
| * 1. High School Matriculated From | | | {{secondary\_school\_name}} | | | | | | | | | |
| * 1. Year of National Senior Certificate | | | {{secondary\_year\_completed}} | | | | | | | | | |
| * 1. Have you previously undertaken a LEARNERSHIP? **(X)** | | | | | | | YES | | | NO | | |
| **If yes,** please specify: Title and LEARNERSHIP DoL Registration number | Title | | | | | |  | | | | | |
| DoL Registration number | | | | | |  | | | | | |
| * 1. Were you employed by your employer   before concluding this agreement? **(X)** | | EMPLOYED {{socio\_employed}} | | | | | | UNEMPLOYED {{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}} | | | | |
| **(a) If unemployed, for how long?** | | {{years\_in\_occupation}} | | | | | | | | | | |
| **(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)

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| * 1. Surname: |  | | | | | | | | | | | | | | |
| 3.2 Full Names: |  | | | | | | | | | | | | | | |
| 3.3 Identity Number (RSA) |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 3.4 Home Address: | | | | | | 3.5 Postal Address  **(If different from Home Address)** | | | | | | | | | |
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| 3.6 Home Telephone: | | |  | | | | | | | | | | | | |
| 3.7 Work Telephone: | | |  | | | | | | | | | | | | |
| 3.8 Cell Phone : | | |  | | | | | | | | | | | | |
| 3.9 E-mail Address: | | |  | | | | | | | | | | | | |

**SECTION 4: EMPLOYER DETAILS (Lead Employer)**

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| 4.1 Legal Name of Employer: | Mix Telematics International (Pty) Ltd | | | | | | | | | | | | | |
| 4.2 Trading Name  **(if different from Legal Name):** |  | | | | | | | | | | | | | |
| 4.3 Business Address: | | | 4.4 Postal Address(If different from Business Address): | | | | | | | | | | | |
| Blaauwklip Office Park 2  Webersvallei Road  Stellenbosch  7600 | | | P.O. Box 12377  Die Board  Stellenbosch  7613 | | | | | | | | | | | |
| 4.5 Are you liable for the skills development levy? **(X)** | | | | | | | YES x | | | | | NO | | |
| **If yes,** what is your SDL number | | | 2 | 9 | 0 | 7 | | 3 | | 1 | 2 | | 5 | 8 |
| 4.6 Name of SETA with which you’re registered: | | | | MICT SETA | | | | | | | | | | |
| 4.9 Are you acting as the lead Employer? | | | | YES | | | | | NO | | | | | |
| * 1. Contact Person responsible for LEARNERSHIP : | | | | Fuad Marriday | | | | | | | | | | |
| 4.11 Work Telephone: | | 084 318 6247 | | | | | | | | | | | | |
| 4.12 Work Fax: | |  | | | | | | | | | | | | |
| 4.13 E-mail Address: | | [Fuad.Marriday@mixtelematics.com](mailto:Fuad.Marriday@mixtelematics.com) | | | | | | | | | | | | |

**SECTION 5: Training Provider**

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| --- | --- | --- | --- | --- | --- |
| 5.1 Legal Name of Training Provider: | Ensemble Trading 460(Pty)Ltd | | | | |
| 5.2 Trading Name  **(if different from Legal Name):** | The Learning Organisation | | | | |
| 5.3 Business Address: | | | 5.4 Postal Address(If different from Business Address): | | |
| Glenfiddich Building  Ground Floor, Kildrummy Office Park  Cnr Witkoppen & Umhlanga Road  2191 | | |  | | |
| 5.5 Accreditation Number | | | | | 2121 |
| * 1. Name of SETA with which you’re accredited with: | | | | Service SETA | |
| 5.7 Contact Person: | | | | Robyn Esther Christina Sinclair | |
| 5.8 Work Telephone: | | 010 612 0679 | | | |
| 5.9 Work Fax: | |  | | | |
| 5.10 E-mail Address: | | robyns@tlo.co.za | | | |

**SECTION 6: SIGNATORIES:**

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| **Learner’s signature:**  **Date:** | **Employer or Lead Employer’s Signature:**  **Date:** |
| **Training Provider’s Signature**  **Date:** |  |