



MICTSETA

Media, Information And
Communication Technologies
Sector Education And Training Authority

SHAPING SKILLS, PIONEERING INDUSTRIES, EMPOWERING FUTURES



INTERNSHIP 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: INTERNSHIP DETAILS AND PARTIES TO AGREEMENT

SECTION 1: INTERNSHIP DETAILS

Section 2: Internship Details									
1.1	Title of Internship :	Microsoft Interprovincial Internship							
1.2	Commencement date of the Internship agreement:	2	6	0	9	2	0	2	3
1.4	Termination date of the Internship agreement:	3	1	0	3	2	0	2	4

SECTION 2: INTERN DETAILS

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		COLOURED		WHITE			
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 Home Address:	2.8 Postal Address (If different from Home Address)		
2.9 Telephone / Cell:			
2.10 E-mail Address:			
2.11 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 High School Matriculated From								
2.15 Year of National Senior Certificate								
2.16 Have you previously undertaken an Internship ? (X)	YES	NO						
If yes, please specify: Title and Internship DoL Registration number	Title							
	DoL Registration number							
2.17 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: EMPLOYER DETAILS (Lead Employer)


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 Internship :																					
4.11 Work Telephone:																					
4.12 Work Fax:																					
4.13 E-mail Address:																					

SECTION 5: HOST 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 Internship :																					
5.9 Work Telephone:																					

5.10 Work Fax:	
5.11 E-mail Address:	

SECTION 6:
SIGNATORIES:

Learner's signature:	Employer or Lead Employer's Signature: 
Date:	Date:
Witness signature:	Witness signature:
Date:	Date: