



Education, Training and Development Practices Sector Education and Training Authority

Training & Development Commitment Form

AT THE CUTTING EDGE OF SKILLS DEVELOPMENT

INSTRUCTIONS

1. Please read carefully before completing, signing or submitting this agreement
2. Complete ALL information on this agreement using black ink
3. Complete in BLOCK LETTERS
4. Ensure that this agreement is signed by all parties and initialled on each page
5. An agreement with incomplete or incorrect information will automatically be disqualified
6. Completed agreement should be submitted to the relevant ETDP SETA
7. No erasure is permitted on this agreement
8. The following documents MUST be attached:
 - A certified ORIGINAL copy of a valid proof of identification (i.e. Identity Document/Driver's Licence)
 - A certified ORIGINAL of copy of highest qualification (where applicable)
 - Proof of employment (This is only applicable for the employed beneficiaries)

DISCLOSURE OF PERSONAL INFORMATION

Information provided will solely be used for the ETDP SETA reporting purposes and will not be provided to the third party without the prior consent of the beneficiary. The ETDP SETA commits to handle the beneficiary personal information in accordance with the provisions of the POPI Act.

INDEMNITY

Upon signature of this agreement the training provider and beneficiary shall indemnify and hold harmless the SETA, its officers, employees and agents from and against any loss (including legal costs and expenses) or liability incurred or suffered by any person arising from any claim, demand, action or proceeding by any person where such loss or liability was caused by a willful, unlawful or negligent act or omission of the training provider, its employees, agents or subcontractors

SECTION A: BENEFICIARY PERSONAL INFORMATION - NB: This section must be completed by the programme beneficiary

Title	Initials		Identification Number		Alternative ID Type	
Personal Number (This is only applicable to teachers and officials working in national or provincial government)						
First Name				Middle Name		
Surname				Date of Birth		Age
Occupation (I F A P P L I C A B L E)						
Telephone			Mobile Number		Fax	
Email						
Name and Surname Of Next of Kin						
Relationship				Telephone/ Mobile Number		
Learner Race (Mark the correct box with an X)		African	Coloured	Indian	White	Home Language
Gender	Male	Female	Are you disabled?		Yes	No
If Yes - state nature of disability below						
Seeing	Yes	No	Hearing	Yes	No	Walking
				Yes	No	Remembering
				Yes	No	S.A. Citizenship
						Yes
						No
If you choose No, state country of birth						
Name of province where you last attended school						
Name of last school attended						
Last school year						
Name of area where the learner resides						
Name of province where training is taking place						
Name of District Municipality				Rural	Urban	Peri-Urban
Name of Local Municipality						
Physical Address: House No./Stand No.			Street Name			
Name of Suburb/Village/Township						
Name of City/Town/Tribal Authority						Area Code
Postal Address (If different from above)						
Private Bag/P.O. Box Number			Name of City/Town/Tribal Authority			
Area Code						

SECTION B: EMPLOYER INFORMATION

NB: This section must be completed by the employer

Employer Name																															
Name and Surname of SDF/ Contact Person (If Applicable)																															
Employer SDL Number (If Applicable)																			Telephone							Fax					
Email																															
Name of District Municipality																															
Name of Local Municipality																															
Physical Address: Street No./Stand No.																															
Name of Suburb/Village/Township																															
Postal Address: Private Bag/P.O. Box Number																Name of City/Town/Tribal Authority															
																Area Code															

SECTION C: TRAINING PROVIDER/INSTITUTION INFORMATION

NB: This section must be completed by the training provider

Name of Training Provider/Institution	Infomage													
Name and Surname of Contact Person	Thabiso Mpyane													
Training Provider /Institution Physical Address: House/Stand No.						Street Name								
Name of Suburb/Village/Township	Randburg													
Name of City/Town/Tribal Authority	Johannesburg								Area Code					
Name of District Municipality	JHB													
Name of Local Municipality														
Telephone						Mobile						Fax		
Email														
Registration/ Accreditation number														
SDL number (If applicable)														

SECTION D: SKILLS DEVELOPMENT PROGRAMME INFORMATION

NB: This section must be completed by the ETDP SETA designated official

ETDP SETA Programme Number	1				Output Indicator Number										
Project/ Course Title	Digital Skills for the 4th Industrial Revolution Programme														
Part Qualification/Skills Programme					X	SAQA ID Code (If applicable)	N/A				NQF Level (If applicable)	N/A			
Number of Credits (If applicable)	Non-accredited		Artisan Related		Yes		No	X	Programme Duration						
Mode of Delivery	Online										OFO Code				
Date of enrolment onto the Programme															
Estimated Date of Completion of the Programme															

SECTION E: STATEMENT OF COMMITMENT AND SIGNATURES

The beneficiary


The undersigned commit to attend the scheduled training and meet all the requirements of the programme.

I,																															
Learner Signature											Date	D	D	/	M	M	/	Y	Y	Y	Y										
Place																															

The ETDP SETA Official

The commitment form has been checked and received by:

Name and Surname

F E L I C I T Y S C U L L Y																										
Signature															Date											
															D / M M / 2 0 2 3											
Place J O H A N N E S B U R G																										