

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.

INDEMINITY

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			Init	ials						Idei	ntifica	tion	Num	nber											Alt	ernat	tive I	D Typ	oe									
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First Name																				Middle I	Name																	
Surname																				Date of	Birth	Υ	Υ	M	M	D	D	Age	و									
Occupation		(Ι	F		Α	Р	Р	L	1	С	Α	В	L	Е)																						
Telephone															Mol	oile N	umber											Fax										
Email																																						
Name and S	Surnan	ne Of	f Nex	t of Ki	n																																	
Relationship	р																					Tele	epho	ne/ I	Mobi	ile Nu	umbe	er										
Learner Rac	ce (Ma	rk th	e co	rrect b	ox v	vith	an X))		Afri	can			Col	oured	ı	Ir	dian		White		Hor	ne La	angu	age													L
Gender	Ma	le		Fem	ale			Are	you	disal	bled?			Yes			No		If Yes - s	state natu	re of disa	bility	belo	W														
																																						_
Seeing	Yes			No			Hea	ring		Yes			No			Wal	king	Yes		No	Re	meml	berin	ng		Yes	5		No		S.A. C	itizen	ship		Yes		No	
If you choos	se No,	state	cou	ntry o	f bir	th																																_
Name of pro	ovince	whe	re yo	u last	atte	nded	d																															
Name of las	st scho	ol at	tend	ed																																		
Last school	year																																					
Name of a	rea w	here	the	learn	er r	esid	es																															
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Name of Dis	strict N	Лuni	cipali	ty																										Rura	ı	Uı	rban			Peri-l	Jrban	
Name of Lo	cal Mu	ınicip	ality																																			
Physical Add	dress:	Hous	se No	./Stan	nd No	Э.									Stre	et Na	me																					
Name of Su	burb/\	/illag	e/To	wnshi	р																																	
Name of Cit	ty/Tow	/n/Tr	ibal /	Author	rity																												Aı	rea Co	de			
Postal Addr	ess (If	diffe	rent	from a	abov	e)																																
Private Bag,	/P.O. E	Box N	lumb	er)								Nan	ne of	City	/Tow	n/Tri	bal Aut	hority																				
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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)	Tel	lephone	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	y/Town/Tribal Authority		
		Area Code		

SECTION C: TRAINING PROVIDER/INSITUTION INFORMATION

NB: This section must be completed by the training provider

Name of Training Provider/Institution Guest Resource S					(Pty) Ltd							
Name and Surname of Contact Person Dr Wilma Guest Mouto												
Training Provider /Institution Physical Address: House/Stand No.				41								
Name of Sub	ourb/Village/Township	Akasia										
Name of City	//Town/Tribal Authority	Pretoria	retoria									
Name of District Municipality			City of Tshwane									
Name of Loca	al Municipality		City of Tshwane									
Telephone	012 542 1358				Mobile 066 443 4762 Fax NA							
Email annelize@guestresources.co.za												
Registration/	Registration/ Accreditation number ETDPS1363											
SDL number (If applicable) N/A												



SECTION D: SKILLS DEVELOPMENT PROGRAMME INFORMATION

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

ETDP SETA Programn	ne Number	1						Out	put l	Indicator Number					
Project/ Course Title	roject/ Course Title Review of the CHE Landscape														
Part Qualification/Skills Programme				X SAQA ID Code (If applicable)								NQF Level (If applicable)	N/A		
Number of Credits (If applicable) Non-accredited				Artisan Related Yes No						Programme Duration					
Mode of Delivery Online OFO Code															
Date of enrolment onto the Programme 10 and 11 October 2023															
Estimated Date of Co	ompletion of the P	rogramm	ie												

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 1 0 / 1 0 /	2 0 2 3	
Place			



The ETDP SETA Official

The commitment form has been checked and received by:

Name and Surname

Signature	Date	D / M M / 2 0 2 3	
Place J O H A N N E S B U I	G		