



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 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	Review of the QCTO Transitional Landscape														
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	03 and 04 October 2023														
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	0	3	/	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	R	G															