



SKILLS PROGRAMMES LEARNER REGISTRATION FORM AND AGREEMENT (NON-CREDIT BEARING PROGRAMMES) 2019-2020

This Agreement is entered into between

FOUNDATION FOR PROFESSIONAL DEVELOPMENT

The Employer

represented by

MR HENK REEDER

The Training Manager/Owner/HR Manager/SDF

and

The Learner

for

THE 2nd VIOLENCE CONFERENCE 2019

Skills Programme Title

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1. Purpose

- 1.1. This agreement establishes a framework for the implementation of Skills Programmes
- 1.2. This agreement also recognises the role of the organisation with which the learners are employed and seeks to leverage on their knowledge and expertise.
- 1.3. This agreement also recognises the role of the learners who will be offered the opportunity for training.
- 1.4. All signatories to this agreement agree abide by the terms and conditions set out in the HWSETA's Discretionary grant funding policy.

2. Obligations

- 2.1. The Employer will identify and select the learners suitable for type of training required to be done.
- 2.2. A Certified Copy of Identity Document must be attached on this agreement.
- 2.3. The employer will appoint and place the learner within the premises of the host employer.
- 2.4. Employer will apply basic conditions of employment Act to determine the annual leave, disciplinary hearing, code of conduct etc.
- 2.5. The employer will report on the progress of the learner on a quarterly basis until the duration of the programme.

3. Disbursements of funds

The HWSETA will disburse the allocated funds in accordance with the Memorandum of Agreement to the employer.

4. Termination

- 4.1 The employer and the learner shall inform the HWSETA in writing of the intended termination of The agreement within seven working days and shall state the reasons for the termination thereof.

SKILLS PROGRAMME BUNDLE	MARK X	DURATION OF TRAINING
In-house Training		
Product Specific Training		
Continuing Professional Development (CPD)	X	2 Days
Legal Knowledge in Occupational Hygiene (Department of Labour endorsed)		
International Occupational Hygiene Training Course (SAIOH)		
Vehicle Learner Licence (including motorbikes)		
Vehicle Drivers Licence (including motorbikes)		
Safety Awareness and Techniques Training		
Autoclave Operators and Technicians Training		
Stock Management Course		
Introduction to Healthcare		
Clinical Skills for Pharmacists		

COMMENCEMENT DATE OF SKILLS PROGRAMME

Day Month Year

TERMINATION DATE OF SKILLS PROGRAMME

Day Month Year

6. DETAILS OF PARTIES TO THE AGREEMENT

Employer Details

Name of Organisation	Foundation for Professional Development	
SDL /T Number	L620736076	
Physical Address:	Knowledge Park 173 Mary Road The Willows Pretoria	
Postal Address:	Postal Code	0184
	PO Box 75324 Lynnwood Ridge Pretoria	
Contact Details	Postal Code	0040
	Tel:	012 816 9000
	Cell:	071 155 2487
	Fax:	0 86 559 4710
	E-mail:	tiyanet@foundation.co.za/zukie@foundation.co.za

Training Provider Details

Name of Organisation	Foundation for Professional Development	
SDL /T Number	L620736076	
Accreditation Number	N/A	
SETA	HWSETA	
Physical Address:	Knowledge Park 173 Mary Road The Willows Pretoria	
Postal Address:	Postal Code	0184
	PO Box 75324 Lynnwood Ridge Pretoria	
Contact Details	Postal Code	0040
	Tel:	012 816 9000
	Cell:	071 155 2487
	Fax:	0 86 559 4710
	E-mail:	tiyanet@foundation.co.za/zukie@foundation.co.za

Learner Details

Learner Surname			
Learner Name (s)			
Learner ID Number:			
Name of Non-Credit Bearing Skills Programmes	THE 2 nd VIOLENCE CONFERENCE 2019		
Learner employment status (Mark X)	18.1 Employed	<input type="checkbox"/>	18.2 Unemployed
Physical Address:			
	Municipality		
	Postal Code		
Postal Address:			
	Postal Code		
Contact Details	Tel:		
	Cell:		
	Fax:		
	E-mail:		
Gender		Equity	
Disability		If Yes, Type of disability	
Parent/Guardian Name (If learner is a minor)			
Contact Details	Tel:		
	Cell:		
	E-mail:		

Signatures:

EMPLOYER:

Signed aton thisday of 2019.

.....

For the **EMPLOYER** (who by his/her signature hereto warrants that she/he is authorised to sign on behalf of the EMPLOYER).

As witness:

.....

LEARNER

Signed aton thisday of 2019.

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For the **STUDENT** (who by his/her signature hereto agrees to abide by the terms and conditions of this agreement)

As Witness:

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GUARDIAN

Signed aton thisday of 2019.

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On behalf of the **STUDENT** (who by his/her signature hereto agrees to abide by the terms and conditions of this agreement)

As Witness:

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