



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																		
Persal Number (This is only applicable to teachers and officials working in national or provincial government)																																			
First Name												Middle Name																							
Surname												Date of Birth			Y	Y	M	M	D	D	Age														
Occupation																																			
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 <i>No</i> , state country of birth																																			
Name of province where you last attended school (Grade 12)																																			
Name of last school attended (Grade 12)																																			
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																																			

