



INDIVIDUAL UNIT STANDARDS AGREEMENT

This Agreement is entered into between:

Company: _____

SDL NO: _____

and

Learner Name: _____

ID: _____

Please tick the applicable box

18.1

18.2

for

Unit Standard Title and Code:

Provider: _____

Provider SDL Number: _____

Learner Site:

(Compulsory) Supporting documents to be attached:

1. Certified copy of ID (Not older than 3 months)
2. Certified copy of Highest Qualification or Placement Test Results
3. Contract of employment (18.2)
4. Confirmation of employment (18.1)

Training Provider and Company Requirements (Please tick to confirm compliance)

1. Proof of approved letter of intent or finalized Contract sent to PSETA
2. Provider Accreditation will not expire before end of contract

FOR SETA USE ONLY:

1) Details of Parties

a) Learner details

Full Name														
Surname														
I.D Number														
Date of Birth	1	9	Y	Y	M	M	D	D						
Race	Black African			Coloured			Indian			White			Other	
Gender	Male						Female							
Disability Status	Disabled (please specify)				Not disabled									
Employment Status	18.1 (Currently Employed)				18.2 (Unemployed or pre-employed)									
Physical Address							Postal Address							
Telephone Numbers:	Home:													
	Cellphone													
E-mail address														

b) Employer details

Registered Name												
Trading Name												
SDL number												
Physical Address							Postal Address					
Contact Person	Name											
	Telephone number											
	E-mail address											

c) Training Provider details

Registered Name												
Trading Name												
SDL number												
Primary ETQA												
Accreditation number												
Physical Address							Postal Address					
Contact Person	Name											
	Telephone number											
	E-mail address											

2) Unit Standard Detail

Unit Standard Title	NQF Level	Credits	Start date	End date
TOTAL CREDITS				

3) Signatures

Employer	Provider	Learner	SETA Official
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy