

EMPLOYERS EXPRESSION OF INTEREST TO IMPLEMENT RURAL LEARNERSHIP PROGRAMME (EC & KZN)

Name of Company			Company Size (Small, Medium, Large)	
Company Physical Address & Province			SDL/Levy Number	
Name of Employer Representative			Designation of Employer Representative	
Email address of Employer Representative			Employer Representative Contact Number	
Name of the Learnership			Learnership Code	
Total Number of Learners required			Province	
Learners with Disabilities	Yes		Programme Commencement Date	
	No		Programme End Date	
Signature of Employer Representative			Date	

All applications must be forwarded to learnerships@inseta.org.za

For more information or queries please contact Ms Rebotile Shai on 011 381 8900.

(NOTE: NO APPLICATION WILL BE ACCEPTED IF SENT TO THE INSETA PERSONNEL PERSONAL EMAIL ADDRESS)