**EMPLOYERS EXPRESSION OF INTEREST TO HOST TVET COLLEGE LEARNERS ON WORK-BASED EXPERIENCE PROGRAMME**

**Note:** For TVET College learners to obtain their TVET Diploma, they need to have Work-Based Experience for a period of 18 months.

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| **Name of Company** |  | **Company Size** (Small, Medium, Large) |  |
| **Company Physical Address & Province** |  | **SDL/Levy Number OR T13 Number** |  |
| **Name of Company Representative** |  | **Designation of Company Representative**  |  |
| **Email address of Company Representative** |  | **Company Telephone Number** |  |
| **Company Operating Business in Insurance Sector**  | **Yes** |  | **Insurance Sub-sector in which Company operates Business** |  |
| **No** |  |
| **Total Number of Learners required**  |  | **Number of Learners required per field of Study** | **Business Management** |  |
| **Financial Management** |  |
| **Human resource management** |  |
| **Marketing Management** |  |
| **Information Technology and Computer Sciences** |  |
|  **Learners with Disabilities** | **Yes**  |  | **Programme Commencement Date** |  |
| **No** |  |
| **Signature of Company Representative** |  | **Date** |  |