**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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |  | | |