



**mictseta**

Media, Information and Communication Technologies  
Sector Education and Training Authority

Accelerating quality skills towards an information savvy society

## LETTER OF INTENT TO IMPLEMENT AN MICT SETA - **LEARNING PROGRAMMES**

### ORGANISATIONAL DETAILS

Registered Company Name:

Company Trading Name:

Organisational Skills Development Levy Number:

Which SETA is your organisation registered with?

What is your organisational core business?

Does your organisation have Tax Clearance Certificate? (If Yes, Please attached copy of the Tax Clearance Certificate)

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Provincial Region:

Provincial Region:

### CONTACT DETAILS

Contact Person

Title

Designation

Telephone No.

Fax No.

Mobile No.

Email Address

**ACCREDITATION DETAILS**

Name of the Training Provider

Accreditation Number

Is the Training Provider accredited by any accreditation institution or ETQA

In which provincial region(s) can training be delivered?

Municipality ?

Has your organisation submitted a Work Place Skills Plan (WSP), When, and to which SETA (If different from the MICT SETA)?

Date

Does your organisation have assessors who have completed the "Plan and Conducted an Assessment" Unit Standard? Please provide a list with their number; Surnames; First Names and ID Numbers. (Not applicable to Internships)

Does your organisation have any of its staff members currently training in the "Plan and Conduct an Assessment" Unit Standard? Please provide a list with their number; Surnames; First Names and ID Numbers. (Not applicable to Internships).

How long has your organisation been in operation

Has your organisation implemented any learnership(s)/ Internships before?

Type of Programme

Number of learners

Number of Learners Employed on completion of the programme

If Yes, please provide a list of those learnership(s) including SETAs they are registered with.

**LEARNERSHIPS DETAILS**

Leanship Title	NQF Level	Is Programme aligned to Unit Standards?	No. of Learners to be accomodated	Number of Assessors in Place	Regions in which L/ship is to be implemented	Year(s) of experience in the field of training
IT: Systems Development						

**INTERNSHIP DETAILS**

Type of Internship Programme

Number of Interns

**Recruitment of Learners Terms and Conditions**

Black 85%

Whites 15%

Female 54%

People with Disability 4%

**MOTIVATION:**

Why do you need Funding; how will the target group benefit & how will the industry benefit?

Please provide us with estimated funding / budget needed for the programme

For more

Signed By:

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Designation:

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Date:

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