



EMPLOYERS EXPRESSION OF INTEREST INTERNSHIP PROGRAMME (LEARNER PROGRESSION INITIATIVE) 2023/24



APPLICATION FORM

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	
Total Number of Interns required		Name of the Qualification Obtained	
Province		Town (Area)	
Programme Commencement Date		Programme End Date	
Signature of Employer Representative		Date	