

EMPLOYERS EXPRESSION OF INTEREST RURAL LEARNERSHIP PROGRAMME IN 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	
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	