

EMPOWERED TO INFLUENCE AND INSPIRE!

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EMPLOYERS EXPRESSION OF INTEREST

INTERNSHIP PROGRAMME (LEARNER PROGRESSION INITIATIVE) 2024/25

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)	7//
Programme Commencement Date			Programme End Date	
Signature of Employer Representative			Date	