**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)** |  |
| **Programme Commencement Date** |  | **Programme End Date** |  |
| **Signature of Employer Representative** |  | **Date** |  |