**EMPLOYERS EXPRESSION OF INTEREST**

**INTERNSHIP PROGRAMME (LEARNER PROGRESSION INITIATIVE) 2024/25**

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| **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** |  |