



Learnership title:

Learner:

Agr no:

L/S Agreement No:



CONSTRUCTION EDUCATION AND TRAINING AUTHORITY

Learnership Title:

Learnership reg no:

Learner:

Employer:

Training Provider:

if applicable:

Sub Employer:

Sub Training Provider:

**1st Floor, Building No. 5
Momentum Business Park
Main Road
MIDRAND
1685**

**Box 1955
HALFWAY HOUSE
1685
Tel: (011) 265-5900
Fax: (011) 265-5924**

**website: www.ceta.org.za
email: learnerships@ceta.co.za**



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1. the terms and conditions of his or her employment, including the learning allowance; and
2. workplace policies and procedures.
- 2.1.1 Apply the same disciplinary, grievance and dispute resolution procedures to the learner as to other employees.
- 2.2 Training provider
The training provider must:
 - 2.2.1 Provide, or cause education and training to be provided in terms of the learnership;
 - 2.2.2 Provide the learner support as required by the learnership;
 - 2.2.3 Record, monitor and retain details of training provided to the learner in terms of the learnership;
 - 2.2.4 Conduct off-the-job assessment in terms of the learnership, or cause it to be conducted; and
 - 2.2.5 Provide reports to the employer on the learner's performance.

3. Termination of Agreement

This learnership agreement terminates:

- 3.1 on the termination date stipulated in Part B of this Agreement; or
- 3.2 on an earlier date if:
 - 3.2.1 the learner successfully completes the learnership;
 - 3.2.2 the learner is fairly dismissed by the employer for a reason related to the learner's conduct or capacity as an employee;
 - 3.2.3 the employer and learner agree to terminate the Agreement; or
 - 3.2.4 the CETA approves a written application to terminate the Agreement by the learner or, if good cause is shown, by the employer.

4. Disputes

If there is a dispute concerning any of the following matters, it may be referred to the Commission for Conciliation, Mediation and Arbitration (CCMA):

- 4.1 the interpretation or application of any provision of this Agreement, the learner's contract of employment or a sectoral determination made in terms of section 18(3) of the Act;
- 4.2 Chapter 4 of the Act;
- 4.3 the termination of this Agreement or the learner's contract of employment.

PART B: DETAILS OF THE LEARNERSHIP AND THE PARTIES TO THIS AGREEMENT

Please take note of the following:

- If the learner is not already in the employ of the employer, the learner and employer must conclude a contract of employment.
- If the learner is a minor then the learner's parent or guardian must be a party to this Agreement and must complete section 3. The parent or guardian ceases to be a party to this Agreement once the learner turns 21 or tacit emancipation is deemed to have taken place.
- If a group of employers are party to this Agreement, one of the employers must perform the function of a lead employer. The lead employer must complete section 4 and details of the other employers must be attached on a separate sheet.
- If the employer and the accredited training provider are the same entity, the employer must complete sections 4 and 5.
- If a group of accredited training providers are party to this Agreement, one of the providers must perform the function of lead training provider. The lead training provider must complete section 5 and details of the other accredited training providers must be attached on a separate sheet.



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5. Learnership details

5.1 Name of learnership:

5.2 Department of Labour registration number of learnership:

5.3 Commencement date of learnership agreement:

5.4 Termination date of learnership agreement:

6. Learner details

6.1 Full name:

6.2 Identity No:

6.3 Date of birth:

6.4 Sex:

6.5 Race:

6.6 Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998?

6.7 If yes specify title and code:

6.8 Home address:

No:

Street:

Suburb:

Place:

Code:

6.9 Postal address (if different from above):

No Street/ Box/PBAG

Suburb

Place

Code

6.10 Home Phone:

6.11 Home Fax:

6.12 E-mail address:

6.13 What language/s do you speak at home?

6.14 Highest level qualification:

6.15 Highest qualification:

6.16 Have you previously undertaken a learnership?

6.17 Were you employed by your employer before concluding this Agreement?

6.18 If you are employed, when did you start work with your employer?

7. Guardian details (Only if the learner is a minor)

7.1 Full name:

7.2 Identity No:

7.3 Home address:

No:

Street:

Suburb:

Place:

Code:

7.4 Postal address (if different from above):

No Street/ Box/PBAG

Suburb

Place

Code

7.5 Home Phone:

7.6 Home Fax:

7.7 E-mail address:



Learnership title:

Learner:

Agr no:

8. (Lead) Employer details

8.1 Legal name of employer:

8.2 Trading name (if different from above):

8.3 Are you acting as Lead Employer?

8.4 Business Address (physical):

No Street:

Suburb:

Place:

Code:

8.5 Postal address (if different from above):

No Street/Box/PBag:

Suburb:

Place:

Code:

8.6 Name of contact person:

8.7 Telephone No:

8.8 Fax No:

8.9 E-mail address:

8.10 Registration numbers or codes:

SIC Code:

SARS Reg No:

SETA No:

SDL No:

9. Sub Employer details

9.1 Legal name of sub employer:

9.2 Trading name (if different from above):

9.3 Are you acting as Sub Employer?

9.4 Business Address (physical):

No Street:

Suburb:

Place:

Code:

9.5 Postal address (if different from above):

No Street/Box/PBag:

Suburb:

Place:

Code:

9.6 Name of contact person:

9.7 Telephone No:

9.8 Fax No:

9.9 E-mail address:

9.10 Registration numbers or codes:

SIC Code:

SARS Reg. No:

SETA No:

SDL No:



Learnership title:

Learner:

Agr no:

10. (Lead) Training Provider details

10.1 Legal name of Training Provider: _____

10.2 Trading name (if different from above): _____

10.3 Are you acting as Lead Training Provider? _____

10.4 Business Address: _____

No Street: _____

Suburb: _____

Place: _____

Code: _____

10.5 Postal address:

No Street/Box/PBag: _____

Suburb: _____

Place: _____

Code: _____

10.6 Name of contact person: _____

10.7 Tel No: _____

10.8 Fax No: _____

10.9 email: _____

10.10 Registration numbers or codes: _____

SIC Code: _____ SARS: Reg. No _____

SETA No: _____ SDL No: _____

10.11 SETA with which you are accredited: _____ Accred.No: _____

11. Sub Training Provider details

11.1 Legal name of Training Provider: _____

11.2 Trading name (if different from above): _____

11.3 Business Address: _____

No Street: _____

Suburb: _____

Place: _____

Code: _____

11.4 Postal address:

No Street/Box/PBag: _____

Suburb: _____

Place: _____

Code: _____

11.5 Name of contact person: _____

11.6 Tel No: _____

11.7 Fax No: _____

11.8 email: _____

11.9 Registration numbers or codes: _____

SIC Code: _____ SARS: Reg. No _____

SETA No: _____ SDL No: _____

11.10 SETA with which you are accredited: _____ Accred.No: _____



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12. Terms and conditions of employment:

12.1 Are the learner's terms of employment determined by a document of general application (for example, section 18(3) determination, sectoral determination, bargaining council agreement, collective agreement.)

Specify:

12.2 Attach a copy of a document reflecting the learner's conditions of employment for learners who were not employed by the employer when the agreement was concluded as contemplated by section 18(2) of the Act. (for example: contract of employment, written particulars of employment.)

13. Additional requirements or conditions to this Learnership Agreement:

13.1 General

- < The learnership outline shall be adhered to.
- < Minimum competence level must be applied.
- < Recognition of prior experience and qualifications must be assessed and recorded.

13.2 Accreditation of Training Provider and Sub Training Provider:

13.3 Allowance/salary

- < If the learner is employed (18.1) with the employer prior to signature of this agreement his salary remains unchanged.
- < If the learner is unemployed (18.2) prior to signature of this agreement he is entitled to a weekly allowance laid down by the Minister of Labour



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Agr no:

Signatures

**Learner's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date:

**Employer's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date:

**Sub Employer's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date:

**Guardian's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date:

**Training Provider's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date:

**Sub Training Provider's
signature:**

Date:

**Witness'
signature:**

ID Number:

Date: