



EXPRESSION OF INTEREST FORM

SERVICES SECTOR EMPLOYERS HOST INTERNS FROM THE INSTITUTIONS OF HIGHER LEARNING

1. ENTITY DETAILS	
Registered Name	
Registration Number of the Organisation	
Company Trading Name	
Skills Development Levy Number <i>(if applicable)</i>	
Industry of the entity <i>(refer to the list of sector industries provided)</i>	
Core business of the entity	
Number of permanent staff employed by the entity	



2.

Indicate below your organisation/company annual turnover category

0 - 10 million

10 million - 50 million

50 million and above

3. ENTITY LOCATION DETAILS

Physical Address:

Address/s of the site/s in which the interns will be placed

Postal address:

Postal/Area Code:

Postal/Area code:

Postal/Area code:

4. ENTITY DIRECTORS DETAILS

Full Names

Surnames

Nationality

Full Names	Surnames	Nationality			



5. CONTACT DETAILS (MAIN PERSON TO BE RESPONSIBLE FOR THE PROJECT)

Contact person					
Designation					
Mobile Number					
Telephone number					
Email address					

6. APPLICATION DETAILS

Indicate the type of internship(s) interested in:

Intervention	Internship Type	Occupational Qualification ID	Number of interns required	Province	Office/Branch
<i>Example: Internship Programme</i>	<i>University Placements (WBL)</i>	<i>Internship Placement for Work Based Learning (WBL) University: Students from universities not requiring Work Integrated Learning to complete their qualifications and placed for internship programme to attain</i>	<i>15</i>	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>



		<i>the WBL experience for 12 months.</i>			

7. MOTIVATION

Why do you want to participate in this program? How will it benefit the target group? and how will the sector/industry benefit?



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8. CAPACITY TO HOST INTERNS

	Area of capacity	Detailed explanation of availability of capacity to host funded interns
1.	Workspaces: Adequate desks or workstations equipped with necessary tools such as computers, internet access, and office supplies.	
2.	Mentorship and Supervision: Access to experienced staff who can provide guidance, support, and regular feedback to interns.	
3.	Health and Safety: Compliance with health and safety regulations to ensure a safe working environment for all interns.	
4.	Access to Resources: Availability of company resources such as software,	



	databases, and other tools required for the interns to perform their tasks effectively.	
5.	Communication Channels: Established communication systems, including email, messaging platforms, and regular meetings, to ensure interns are well-integrated into the team and can easily reach out for help or information.	
6.	Onboarding Process: A structured onboarding process to help interns adapt to the company culture, understand their roles, and get started on their projects smoothly	

9. ANY OTHER RELEVANT INFORMATION THAT YOU WOULD LIKE TO SHARE

10. BUDGET FOR THE LEARNING PROGRAMMES

Please provide an estimated budget needed for this program: *NB: the Services SETA funding will be aligned with the approved unit costs (rack rates).*

University Placements (WBL):	
TVET Placements (WIL):	



Graduate Placements (WBL):	
11. OTHER REQUIREMENTS FOR CONSIDERATION	
	Yes/No/Number and Details:
Number of coaches and mentors aligned with requirements of the Interns qualification.	
The ratio of mentors to interns can vary depending on the industry, the complexity of the tasks, and the level of support required. However, a commonly recommended ratio is 1 mentor for every 3 to 5 interns.	
Number of workspaces available to accommodate the number of interns intended	



Disability access	
Tools and/or consumables availability in line with the type of qualification of the intern/s	

Attach the following relevant documents **should more information be required; the Services SETA team will be in contact:*

- *Valid Tax Clearance or Exemption Certificate and Tax Pin*
- *Company Registration Documents*
- *Declaration of Authorized Person (Form 1B)*
- *Declaration of Interest (Form 1A)*
- *Declaration of POPI (Form 1C)*
- *BBBEE Certificate (if applicable)*



SERVICES SECTOR EMPLOYER EXPRESSION OF INTEREST TO HOST INTERNS ON THE SERVICES FUNDED INTERNSHIP PROGRAM

I, _____ (full names), the duly authorised representative of _____
_____ (entity name) hereby **EXPRESS INTEREST** to host
Services SETA funded interns.

Sign-off details of the expression of interest

Signed at _____ (place) on _____ (day) of _____ (month)
2024.

(Signature): _____