

### TRAINING IMPLEMENTATION INTENT FORM

<b>Skills Development Provider Name:</b>			
<b>Physical Address:</b>		<b>GPS Coordinate</b>	
<b>Contact Information</b>	<b>Tel no:</b>	<b>Fax no:</b>	<b>Email:</b>
<b>Accreditation number:</b>			
<b>Accreditation duration:</b>	<b>From:</b>	<b>To:</b>	
<b>Registered Qualification / skills to be implemented:</b>			
<b>Registration period of Qualification:</b>	<b>*Last date of Enrolment</b>	<b>**Last date of achievement</b>	
<b>Programme approval duration:</b>	<b>From:</b>	<b>To:</b>	
<b>Mode of training:</b>	<b>Learnership</b>	<b>Normal mode of training</b>	
	<i>(Tick)</i>	<i>(Tick)</i>	
<b>Date of implementation:</b>	<b>From:</b>	<b>To:</b>	
<b>Number of learners:</b>			
<b>Physical address of learning sites:</b>	<b>Theory site:</b>	<b>Workplace site:</b>	
<b>GPS Coordinates:</b>			
<b>Names of Assessors:</b> <i>(Facilitator/s must be registered Assessors with HWSETA).</i>	<b>1.</b>	<b>4.</b>	
	<b>2.</b>	<b>5.</b>	
	<b>3.</b>	<b>6.</b>	

- *NB: Training schedule (training start and end dates including starting times) to be attached.*
- *\*Last date of Enrolment – Final date for learners to be captured on HWSETA SMS and*
- *\*\*Last date of achievement – Final date of learner achievement for certification.*
- *Implementation to occur after the approval of this form by the HWSETA Provincial Manager.*

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**Name of Signatory**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of HWSETA Provincial Manager**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**