



## SECTION A: DETAILS OF EMPLOYER AND TRAINING PROVIDER

### Employer Details

<b>NAME OF EMPLOYER:</b>			
<b>SDL NUMBER:</b>			
<b>BUSINESS ADDRESS (Physical)</b>			
<b>COMPANY REGISTRATION NO</b>			
<b>PROVINCE</b>		Town:	
<b>LOCATION</b>	<b>Urban:</b>		<b>Rural:</b>
<b>TELEPHONE NUMBER</b>			FAX:
<b>EMAIL ADDRESS:</b>			
<b>LEVIES</b>	<b>Levy Payer</b>		<b>Non levy Payer</b>
<b>NON-LEVY PAYING:</b>			
<b>NUMBER OF EMPLOYEES:</b>			

### Training Provider Details:

<b>NAME OF TRAINING PROVIDER(S)</b>			
<b>POSTAL ADDRESS</b>			
<b>ETQA DETAILS:</b> <i>(Please attaché A copy of letter of accreditation)</i>			Accreditation No:
<b>LIST ALL ACCREDITED QUALIFICATIONS IN THIS EOI FOR WHICH THE TRAINING PROVIDER WILL BE USED (e.g. Nursing Enrolled) Please attached a letter from the relevant ETQA</b>			
<b>LOCATION</b>	<b>Urban:</b>		<b>Rural:</b>
<b>TELEPHONE NUMBER</b>			FAX:
<b>EMAIL ADDRESS:</b>			