



**(WORK INTEGRATED LEARNING FOR TVET LEARNERS)  
WORK-BASED LEARNING PROGRAMME  
AGREEMENT  
(W.B.L)  
2025-2026**

**This Agreement is entered into between**

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**The Employer**

**represented by**

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**The Training Manager/Owner/HR Manager/SDF**

**and**

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**Training Provider**

**and**

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**The Learner**

**for**

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**Work-Based Learning Programme Title**

**NB.** *By completing this form, you hereby authorise the HWSETA to collect your personal information for the service offered. Personal information is only used for the purpose of delivering the mandate of the HWSETA. Refer to the HWSETA Privacy Policy on our website.*

**Please Note:**

1. The original agreements are emailed to the HWSETA

Learner Initial

Employer Initial

**FOR SETA USE ONLY**

<b>DATE OF SUBMISSION</b> (Date WBLA submitted to HWSETA)	
<b>QUARTER SUBMITTED</b> (Quarter of the financial year in which the WBLA was submitted to HWSETA)	

COMPLIANCE	YES	NO	N/A (for project/prog ramme)	COMMENTS
Learner citizenship (or proof of residential status in SA)				
Is the Employment status indicated?				
Affidavit confirming learner is unemployed -Only police affidavit accepted				
ID copy (clear and certified; names on ID corresponding with names on WBLA)				
Letter from medical practitioner confirming disability				
Proof of Name/Surname Amendment (if applicable) i.e Marriage certificate or Letter from Dept. of Home Affairs confirming amendment				
Letter from TVET confirming readiness and compliance (for TVET WIL)				
Highest Qualification Copy -N6 (for TVET WIL) - Certificate/ statement of results (for Internships) -Certified & clear				
Proof of Employment (Contract/Employer Letter (For employed persons)				
Internship/ TVET Contract of employment -Is job description included? -Are basic conditions of employment included?				
Details of TVET College (for TVET WIL only)				
Starting date and completion completed				
Details of employer completed				
Details of learner completed				
Details of training provider completed (where applicable)				
Details of parent/guardian completed (where applicable)				
Qualification details (if applicable)				
Has EACH page been initialed by: -Employer -Learner				
Employer signature and date				
Learner signature and date				
Training Provider Signature and date (if applicable)				
Parent/guardian signature (if applicable)				

**Learner Initial**

**Employer Initial**

Is the WBLA fully witnessed (signatures of witnesses)				
Is the last signature date in the reporting Financial Year?				
SLA with host employer (if learners will be placed at lead employer)				
Proof of Accreditation -For Bursaries only (if private institution)				
Proof of Registration -For Bursaries unemployed and employed only				

**FIRST LEVEL**

EVALUATOR	DATE OF EVALUATION	COMMENTS (i.e outstanding documents, met requirements)	STATUS (i.e accepted/rejected)	SIGNATURE

**SECOND VALUATION LEVEL**

EVALUATOR	DATE OF EVALUATION	COMMENTS (i.e outstanding documents, met requirements)	STATUS (i.e accepted/rejected)	SIGNATURE

**THIRD LEVEL**

EVALUATOR	DATE OF EVALUATION	STATUS (Approved/ Rejected)	SIGNATURE

**Commencement Date of Programme**

Day  Month  Year

**Termination/Completion Date of**

Day  Month  Year

**Learner Initial**

**Employer Initial**

Qualification Name	INSTITUTION NAME	NQF Level	Year N6 Completed
SAQA ID	Accreditation body		

### 1. Learner details

**Surname**  **First Names**

**Maiden Surname**

**Identity Number : ( Attach certified Copy)**

**Date of Birth:**  
 Day  Month  Year

**Sex:**  Male  Female

**Race:**  African  Indian  Coloured  White  
 Other (specify): \_\_\_\_\_

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

Yes (specify): \_\_\_\_\_  No

**Learners Current residential address (physical Address):**  
  
  
  
 Postal Code

**Learner Initial**

**Employer Initial**

**Learner residential (place of birth)**

Postal Code	

**Postal address (if different from above)**

Postal Code	

**Local Municipality (where learner comes from)**

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**Contact Details of Learner:**

Cell phone Numbers \_\_\_\_\_

Name of Alternative person to contact \_\_\_\_\_

Contacts of Alternative person \_\_\_\_\_

Specify Relation (i.e. parent/relative) \_\_\_\_\_

E-mail \_\_\_\_\_

What language/s do you speak at home?

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Are you a South African citizen?

Yes
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No
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(Specify and attach documents indicating your status, for example: permanent residence, study permit, etc):

\_\_\_\_\_

**Learner Initial**

**Employer Initial**



**Home address:**

Postal Code	

**Postal address (If different from above):**

Postal Code	

**Telephone number**

Home	( )	Work	( )
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**E-mail address:**

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### 3. Employer details

**Legal name of employer:**

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**Trading name (if different from above):**

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**Will you be directly hosting (Lead Employer) the learners or placing them with another employer (Host Employer)?**

Yes
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No
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**If yes, please indicate where learners will be placed**

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**Learner Initial**

**Employer Initial**

**Business address : ( Street name)**

Postal Code	

**Postal address : ( If different from above)**

Postal Code	

**Name of contact person:**

Surname  Name

Telephone No:  ( )  Fax No:  ( )

E-mail address:

**Learning Site:**

**Registration numbers and codes:**

SIC		SDL/T- NUMBER		SETA	
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#### 4. Training Provider Details

**Legal name of Training Provider:**

**Trading name (if different from above):**

**Learner Initial**

**Employer Initial**

**Are you acting as Lead Training Provider?**

 Yes No

**Business address: (Street name)**

Postal Code	

**Postal address: (If different from above)**

Postal Code	

**Name of contact person:**

Surname:  Name:

Telephone No.

Fax No:

E-mail address:

<b>Accreditation number:</b>	<b>Start Date:</b>	<b>End Date:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Registration numbers or codes:**

SIC:	SDL/T-Number	Professional Body	SETA	SAQA
<input type="text"/>				

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**Learner Initial**

**Employer Initial**

## 5. Signatories

<b>Learner Full Name:</b> _____	<b>Parent/Guardian's signatures</b> <i>(Only if the learner is a minor or under 18)</i>
_____	Full Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Witness signature: _____	Witness signatures: _____
Date: _____	Date: _____

### Employer or Lead Employer's signature

_____	_____
Sign: _____	_____
Date: _____	_____
Witness signature:	
_____	_____
Date: _____	_____

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Purpose

- 1.1. This agreement establishes a framework for the implementation of the programme that the learner is enrolled in
- 1.2. This agreement also recognises the role of the organisation with which the learners are employed (where applicable) and seeks to leverage on their knowledge and expertise.

**Learner Initial**

**Employer Initial**

- 1.3. This agreement also recognises the role of the learners who will be offered the opportunity.
  - 1.4. All signatories to this agreement agree and abide by the terms and conditions set out in HWSETA's Discretionary grant funding policy.
2. Obligations
- 2.1. The Employer will identify, select and place the learners that meet the requirements of this programme in line with the signed MOA.
  - 2.2. The employer will ensure that the learner receives all the necessary support required by the college in order for the learner to complete the programme.
  - 2.3. The learners will perform duties outlined on the job description (Aligned to the requirements of the programme and institution) and the relevant conditions of employment agreed with the employer.
  - 2.4. The Employer will apply basic conditions of employment Act to determine the annual leave, disciplinary hearing, code of conduct etc.
  - 2.5. The learner commits to completing the programme
  - 2.6. The employer will report on the progress of the learner in accordance with the provisions of the Memorandum of Agreement.
3. Termination
- 3.1 The employer and the learner shall inform the HWSETA in writing of the intended termination of the agreement within seven working days and shall state the reasons for the termination thereof.

**Should you wish to report non-payment of stipends or any other matters relating to this programme please send an email to the HWSETA provincial office or [stipendtipoff@hwseta.org.za](mailto:stipendtipoff@hwseta.org.za) In the email, please indicate the employer that signed your work-based learning programme agreement, as well as your training programme. Kindly note that all learners are encouraged to first engage the employer prior to escalating matters to the HWSETA.**

**Learner Initial**

**Employer Initial**