**APPLICATION TO TRANSFER A LEARNER BETWEEN TRAINING PROVIDERS**

### A. DETAILS OF LEARNER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME OF LEARNER** |  | | | |
| **IDENTITY NUMBER** |  | | | |
| **LEARNERSHIP NUMBER** |  | LEARNERSHIP | |  |
| **I HAVE APPLIED FOR THE TRANSFER FOR THE FOLLOWING REASON:** |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **LEARNER** | | | **DATE** | |

### B. GUARDIAN (In case of a minor)

|  |  |
| --- | --- |
| **I AM IN AGREEMENT WITH THE TRANSFER.** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **GUARDIAN** | **DATE** |

### C. PRESENT TRAINING PROVIDER

|  |  |
| --- | --- |
| **I/ WE HAVE NO OBJECTION TO THE PROPOSED TRANSFER** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRESENT TRAINING PROVIDER** | **DATE** |

**D. DETAILS OF NEW TRAINING PROVIDER**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF REGISTERED PROVIDER** |  | | |
| **POSTAL ADDRESS** |  | | |
|  | | | **CODE** |
| **PHYSICAL ADDRESS WHERE LEARNER WILL BE TRAINED FROM:** |  | | |
|  | | |
| **NAME OF CONTACT PERSON** |  | **DESIGNATION** |  |
| **E-MAIL ADDRESS** |  | **CELL. NO** |  |
| **TELEPHONE NUMBER** |  | **FAX NUMBER** |  |

### E. NEW TRAINING PROVIDER

|  |  |
| --- | --- |
| **I/ WE HAVE NO OBJECTION TO THE PROPOSED TRANSFER** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NEW TRAINING PROVIDER** | **DATE** |

With the consent of all the parties to this agreement, the services of the learner and the rights and obligations of the training provider are hereby transferred to:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

with effect from the date of registration hereof.

In witness whereof the contracting parties hereto have hereunder set their hand

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| this |  | day of |  | 20 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. |  |  |  |
|  | 2. |  |  | EMPLOYER |
|  |  | Witnesses |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  | NEW TRAINING PROVIDER |
|  |  | Witnesses |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  | GUARDIAN |
|  |  | Witnesses |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  | LEARNER |
|  |  | Witnesses |  |  |

REGISTERED at the office of the MERSETA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| this |  | day of |  | 20 |  |

|  |  |
| --- | --- |
|  |  |
|  | CLIENT SERVICES ADMINISTRATOR |