
AGREEMENT FOR COMPLETION OF QUALIFICATION PROGRAMME

NAME OF COURSE: _____

UNDERTAKING:

1. (a) I, the undersigned, _____ (full name)

Persal No. _____, ID no. _____,
an educator in the permanent employ of the Western Cape Education
Department (WCED) and providing my services at a school/office called

am desirous of taking this part-time programme over the prescribed year for this
qualification programme; and
(b) I, for the afore-mentioned purpose, will complete all the assignments and tasks
required by the programme and attend compulsory contact sessions as arranged
by the training institution.
2. I, therefore, undertake to:
 - (a) commence the course on the prescribed date;
 - (b) take the course part-time while I am in the service of the WCED;
 - (c) complete the course successfully within the prescribed period;
 - (d) furnish the Head of Education at the commencement of the financial assistance
with satisfactory proof of my enrolment for the course;
 - (e) after I have complied with all the requirements of the course, immediately continue
to serve the WCED for a continuous period of at least one year for each year of
financial assistance provided; and
3. I understand and accept that I shall be obliged to repeat and complete successfully, at
my own expense, any modules of the course which I may have outstanding at the end of
the prescribed period.
4. I elect as my domicilium citandi (permanent address) and for the purposes of any notice,
the following address in South Africa:

Signed at _____ this day _____ of _____ 2023
(Place) Day (Month)

APPLICANT:

(Signature) (Print name) DATE: _____

FOR OFFICIAL USE ONLY: to be completed by CTLI staff member on behalf of the WCED:

(Signature) (Print name) DATE: _____

WITNESS:

(Signature) (Print name) DATE: _____