

Learnerships & Academies

For Adults With Intellectual, Learning And Physical Disabilities



What is a Learnership?

Structured
Learning
Component

+

Practical
Work
Experience



Qualification
Registered
by SAQA

Learnership
is **FREE** to
the learner

The duration
of the learnership
is at least one
year

Each learner receives a
stipend each month

PLUS a **bonus**
upon completion

Which learnerships do we offer?

BUSINESS PRACTICE NQF LEVEL 1

- Must have Grade 10
- Communication at ABET level 3
- Mathematical Literacy at ABET level 3

HYGIENE AND CLEANING NQF LEVEL 1

- No minimum qualification required
- Communication and Mathematical Literacy - ABET 2
- Need to complete the 'Work Ability' form

BUSINESS ADMINISTRATION NQF LEVEL 2

- Must have Grade 12
- Communication at NQF level 1
- Mathematical Literacy at NQF level 1

PLANT PRODUCTION NQF LEVEL 1 AND ANIMAL PRODUCTION NQF LEVEL 1.

- No minimum qualification required
- Numeracy, Literacy and Communication at ABET Level 3
- Need to complete the 'Work Ability' form

LIFE SKILLS NQF LEVEL 1

- No minimum qualification
- Must have basic literacy
- Need to complete the 'Work Ability' form

Application Process

Application forms can be downloaded from our website www.ican-sa.co.za Or pick up a copy at our **offices**.

The learner **MUST** provide the following:

FORM 1

{Application Form} →

FORM 2

{Consent Form}

FORM 3

{Work Ability Form}



(ONLY if applicant has NOT completed and passed Grade 9.)

- 1 Certified copy of ID
- 2 Certified copies of applicants qualification, school leaving certificate or last school report
- 3 Proof of disability from Specialist

Assessments will be carried out by a qualified and registered Psychologist or Psychometrist.

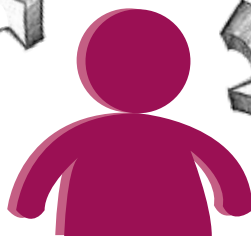
- 1 Applicants will be contacted telephonically to inform them of the assessment date.
- 2 Applicants must be available from 08h00 to 14h30 on the scheduled date of assessment.
- 3 It takes approximately 2 weeks before the results are obtained.
- 4 Applicants will be notified by SMS or post if they have been successful or not.

APPLICATION

ASSESSMENT

INDUCTION

REGISTRATION



Once a suitable learnership becomes available, registered candidates will be notified and interviewed.

We need to stress that the acceptance of students for this learnership depends on available corporate funding. Acceptance can thus not be guaranteed. Due to the nature of the sponsorship preference might be given to applicants of colour.

Applicants will be notified telephonically of the registration date. Applicants with a Learning or Intellectual Disability are required to be accompanied by a guardian on this day. Applicants will also be interviewed by an onsite doctor.

Applicants will need to bring the following documents.

- 3 x certified copies of learner's ID book
- Copy of parent/guardian ID (if the applicant has an Intellectual or Learning Disability)
- 3x certified copies of applicant's qualification, school leaving certificate or last school report
- Proof of disability from Specialist
- Proof of address
- Proof of bank account in applicants name. Must carry a bank stamp
- CV of applicant
- SARS tax number (if applicable)

I CAN! BRANCHES:

CAPE TOWN

Tel: 021 948 0191

ctsourcing@ican-sa.co.za

1st Floor, ABSA Building, 14 Strand Road, Bellville

KEMPTON PARK

Tel: 011 394 0251

jhbsourcing@ican-sa.co.za

30 Kerk street, Kempton park

DURBAN NORTH

Tel: 031 563 5515

dbnsourcing@ican-sa.co.za

55 Church Road, Durban North

PORT ELIZABETH

Tel: 041 484 1449

pesourcing@ican-sa.co.za

764 Govan Mbeki, North End, Port Elizabeth

VEREENIGING

Tel: 016 421 2956

vrgsourcing@ican-sa.co.za

Eurisko Centre, 14 Kwagga Street, Leeuhof

HOWICK

Tel: 033 330 2509

dbnsourcing@ican-sa.co.za

4 Baron Road, Merrivale, Howick



I CAN! APPLICATION - FORM 1

www.ican-sa.co.za

OFFICE USE ONLY	APPLIC. DATE		TRAM ASSESS. DATE		DATE RESULT COM.		CAPTURE DATE						
	REFERRED BY		TRAM RESULT		COMM. METHOD		EXCEL CAPT. DATE						
	REQUIRE D	3 X CERT. ID	COPY ID PARENT	PROOF ADDR.	PROOF BANK AC	CV	SARS TAX NO	LAST SCHOOL LEAVING REP.	DISABLE PROOF	GRANT PROOF	PSYCH REPORT	3X EEA	DR. VERIFY

APPLICANT PERSONAL INFORMATION * (SUBMIT COPY OF ID DOCUMENT)

FULL NAMES						HOME LANG.	isiZulu	isiXhosa	sePedi	siSwati	seSotho	English	
SURNAME				NAME PREFER			seTswana	xiTshonga	isiNdebele	tshiVenda	Other	Afrikaans	
ID NO.	ATTACH COPY OF ID			GENDER:	MALE	FEMALE	MARITAL STATE	SINGLE	MARRIED	ETHNIC GROUP	COLOURED	AFRICAN	INDIAN
AGE		NO. OF DEPEND		WHEN CAN START	MONTH / YEAR			DIVORCE	SEPARATE		WHITE	ASIAN	OTHER
CELL NO				HOME TEL NO:			EMAIL:						
PHYSICAL ADDRESS						POSTAL ADDRESS							
REGION						Closest city:		CODE:					

DISABILITY DETAILS * (SUBMIT COPY OF PROOF OF DISABILITY)

DISABILITY TYPE	INTEL-LECTUAL	PHYSICAL	HEARING	SIGHT	EMO-TIONAL	COMMU-NICATION	OTHER	PROVIDE FULL DETAILS OF YOUR	

EDUCATION DETAILS * (SUBMIT COPY OF HIGHEST QUALIFICATION)

SCHOOL FORMAL SCHOOLING	OTHER QUALIFICATIONS INCLUDING	
SCHOOL NAME:	NAME OF QUALIFICATION / LEARNERSHIP	DATE COMPLETED
YEAR APPLICANT LAST SCHOOL	NAME OF QUALIFICATION / LEARNERSHIP	DATE COMPLETED
	NAME OF QUALIFICATION / LEARNERSHIP	DATE COMPLETED

EMPLOYMENT DETAILS * (SUBMIT CV IF APPLICABLE)

	NAME OF COMPANY	POSITION	START DATE	END DATE
TO BE COMPLETED BY APPLICANTS WHO HAVE BEEN FORMALLY EMPLOYED				
	APPLICANT TAX NUMBER:	TAX NO CAN BE OBTAINED BY DIALLING 0800 00 72 77		

PARENT / GUARDIAN

NAME & SURNAME:												ID NO:					
RELATION TO APPLICANT:	Guardian	Mother	Father	Brother	Sister	Husband	Wife	Grand-mother	Grand-father	Aunt	Uncle	Cousin	Neigh-bour	Friend	Other	CELL NO:	
EMAIL ADD:												HOME NO:					
												WORK NO:					
Physical Address								Postal Address									
CLOSEST TOWN:								CODE:									

CONTACT 2

NAME & SURNAME:												ID NO:					
RELATION TO APPLICANT:	Guardian	Mother	Father	Brother	Sister	Husband	Wife	Grand-mother	Grand-father	Aunt	Uncle	Cousin	Neigh-bour	Friend	Other	CELL NO:	
												HOME NO:					

REFERRAL INFORMATION

HOW DID YOU HEAR?												
REFERRED BY	Full Name					NAME:	Name of Organization or School					
TELEPHONE NUMBERS:						EMAIL:						

APPLICANTS WILL ONLY BE CONSIDERED IF (1) ID, (2) PROOF OF DISABILITY, AND (3) HIGHEST QUALIFICATION DOCUMENTS ARE SUBMITTED

CAPE TOWN Tel: 021 948 0191 ctsourcing@ican-sa.co.za	JOHANNESBURG Tel: 011 394 0251 jhb sourcing@ican-sa.co.za	DURBAN Tel: 031 563 5515 dbn sourcing@ican-sa.co.za	PORT ELIZABETH Tel: 041 484 1449 pesourcing@ican-sa.co.za	VEREENIGING Tel: 016 421 2956 vrg sourcing@ican-sa.co.za	HOWICK Tel: 033 330 2509 dbn sourcing@ican-sa.co.za
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ICAN APPLICATION FORM
FORM 2

Dear Applicant

Thank you for your application to participate in a Learnership programme. For enrolment purposes, we are required to verify your disability through a registered Medical Doctor. Please be advised that should your initial application be successful, we will arrange for a Medical Doctor to interview you as part of your application process. We will cover the cost of this interview and will make the appointment for you.

To support this process, it would be helpful to us if you could submit the following to us: proof of disability grant, any records (from a doctor, psychiatrist or psychologist) pertaining to a specific disability. We may need to request records from your school. **Please note that all records will be dealt with confidentially and treated with respect.**

Please sign the consent form below, allowing us to access your private disability-related information and attach it to your application form. Thank you for your co-operation.

Sincerely,

Ali Smeeton
I Can!

C O N S E N T

Herewith I, _____ ID no: _____
give consent to I-CAN! to receive and keep confidential records pertaining to my disability.

This consent is granted to the Academy with the understanding that this information be treated with the utmost respect and confidentiality.

Signature Applicant

Signature Parent / Guardian

DATE

DATE

**ICAN APPLICATION FORM
FORM 3**

**TO BE COMPLETED BY APPLICANTS WHO HAVE NOT OBTAINED GRADE 9 OR HIGHER
AND APPLICANTS WHO HAVE LEARNING DISABILITIES.**

TO BE COMPLETED BY SCHOOL'S OCCUPATIONAL THERAPIST / PRINCIPAL / SENIOR TEACHER and **STAMPED**.

PLEASE SUPPLY COMMENTS ON EACH POINT BELOW.

APPLICANT NAME:		APPLICANT ID:		
EDUCATOR NAME:		SCHOOL NAME:		
EDUCATOR POSITION:		SCHOOL TEL NO:		
EDUCATOR CONTACT		SCHOOL EMAIL ADD:		
ABILITY ASSESSMENT	POOR	AVERAGE	GOOD	PLEASE ELABORATE ON SELECTION
Concentration				
Memory				
Ability to follow instructions?				
Counting?				
Accuracy / Neatness of work?				
Work Speed?				
School Attendance				
Ability to SPEAK in mother tongue?				
Ability to READ in mother tongue?				
Ability to WRITE in mother tongue?				
Ability to SPEAK English?				Leave blank if applicant can't SPEAK English
Ability to READ English?				Leave blank if applicant can't READ English
Ability to WRITE in English?				Leave blank if applicant can't WRITE in English
Can the applicant work on his/her own?				
Personal Grooming?				
Ability to use Public Transport by themselves?				
Applicants attitude towards Educators?				
Has Applicant displayed any behavioural problems?				
Highest School Level completed:			Year of leaving school:	
SIGNATURE OF EDUCATOR			SCHOOL STAMP	
DATE				