

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 of R1,500 /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

LIFE SKILLS NQF LEVEL 1

- No minimum qualification required
- Must have basic literacy
- 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

HYGIENE AND CLEANING NQF LEVEL 1

- No minimum qualification required
- Communication and Mathematical Literacy - ABET 2
- 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**.

FORM 1

{Application Form} →

1 ID

2 Highest qualification

FORM 2

{Consent Form}

3 Proof of disability

FORM 3

{Work Ability Form}



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

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.

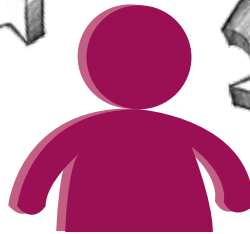
4 Applicants will be notified by SMS or post if they have been successful or not.

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 female applicants and 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.

(1) 3 x certified copies of learner's ID book. (2) Copy of parent/ guardian ID (if the applicant has Intellectual or learning Disability) (3) 2 x certified copies of applicant's qualifications, school leaving certificate or last school report. (4) Proof of disability. (5) Proof of address. (6) Proof of bank account in applicants name. Must carry a bank stamp. (7) CV of applicant. (8) SARS tax number (if applicable)

I CAN! BRANCHES:

CAPE TOWN Tel: 021 949 6652

KEMPTON PARK Tel: 011 394 0454

DURBAN Tel: 031 563 5515

PORT ELIZABETH Tel: 041 404 2420

VEREENIGING Tel: 016 421 2956

CENTURION Tel: 012 661 0119

ctsourcing@ican-sa.co.za

jhbsourcing@ican-sa.co.za

dbnsourcing@ican-sa.co.za

pesourcing@ican-sa.co.za

vrgsourcing@ican-sa.co.za

centsourcing@ican-sa.co.za

1st Floor Bellville Mall, Cm. Bill Bezuidenhout & Voortrekker Rd., Bellville
3 Margaret Ave, Kempton Park

55 Church Road, Durban North
B&E Conference Centre, 134 Kempston Road

Eurisko Centre, 14 Kwagga Street, Leeuhof

143 Sarel Baard Crescent, Gateway Industrial Park



www.ican-sa.co.za
<https://www.facebook.com/icanlearnerships>



ICAN APPLICATION - FORM 1

www.ican-sa.co.za



OFFICE USE ONLY

APPLICATION DATE		TRAM ASSESSMENT DATE		DATE OF RESULT COMMUNICATION		DATE OF CAPTURE ON DATABASE							
REFERRED BY		TRAM RESULT		METHOD OF RESULT COMMUNICATION		DATE OF CAPTURE ON EXCEL							
REQUIRED DOCUMENTS	3 X CERTIFIED COPY OF ID	COPY OF PARENT ID	PROOF OF ADDRESS	PROOF OF BANK ACC	APPLICANT CV	SARS TAX NO	SCHOOL LEAVING CERTIFICATE / REPORT	PROOF OF DISABILITY	PROOF OF GRANT	PSYCHOLOGICAL REPORT	3X EEA1	DR LETTER - VERIFICATION	LEARNER PHOTO UPLOADED

APPLICANT PERSONAL INFORMATION * (SUBMIT COPY OF ID DOCUMENT)

FULL NAMES:							HOME LANGUAGE:	isiZulu	isiXhosa	sePedi North Sotho	siSwati	seSotho South Sotho	English
SURNAME:				PREFERRED NAME:				seTswana	xiTshonga	isiNdebele	tshiVenda	Other	Afrikaans
ID NUMBER:	ATTACH COPY OF ID			GENDER:	MALE	FEMALE	MARITAL STATUS:	SINGLE	MARRIED	ETHNIC GROUP:	COLOURED	AFRICAN	INDIAN
AGE:	NO OF DEPENDANTS	WHEN CAN APPLICANT START LEARNERSHIP?		MONTH / YEAR		DIVORCED	SEPARATED	WHITE	ASIAN		OTHER		
CELL NO:	HOME TEL NO:					EMAIL:							
PHYSICAL ADDRESS						POSTAL ADDRESS							
CODE:						CODE:							

DISABILITY DETAILS * (SUBMIT COPY OF PROOF OF DISABILITY)

NATURE OF DISABILITY:	INTELLECTUAL	PHYSICAL	HEARING	SIGHT	EMOTIONAL	COMMUNICATION	OTHER	PROVIDE FULL DETAILS OF YOUR DISABILITY:					
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EDUCATION DETAILS * (SUBMIT COPY OF HIGHEST QUALIFICATION)

FORMAL SCHOOLING			OTHER QUALIFICATIONS INCLUDING LEARNERSHIPS		
SCHOOL NAME:			NAME OF QUALIFICATION / LEARNERSHIP	DATE COMPLETED	
YEAR APPLICANT LEFT SCHOOL:			NAME OF QUALIFICATION / LEARNERSHIP	DATE COMPLETED	
LAST SCHOOL GRADE/LEVEL:			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: (IF APPLICANT DO NOT HAVE- PLEASE APPLY!)		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	NEIGHBOUR	FRIEND	OTHER	CELL NO:		
																HOME NO:		
EMAIL ADD:													WORK NO:					
Physical Address						Postal Address												
CODE:						CODE:												

CONTACT 2

NAME & SURNAME:													ID NO:					
RELATION TO APPLICANT:	GUARDIAN	MOTHER	FATHER	BROTHER	SISTER	HUSBAND	WIFE	GRAND-MOTHER	GRAND-FATHER	AUNT	UNCLE	COUSIN	NEIGHBOUR	FRIEND	OTHER	CELL NO:		
																HOME NO:		

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT US?													
REFERRED BY (FULL NAME)											ORGANISATION / SCHOOL:		
TELEPHONE NUMBERS:											EMAIL:		

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

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JOHANNESBURG

DURBAN

PORT ELIZABETH

VEREENING

MARGATE

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Tel: 041 404 2426/2449

Tel: 016 421 2956

Tel: 039 317 4234

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vrgsourcing@ican-sa.co.za

mrgsourcing@ican-sa.co.za

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. You will be informed in due course about the date and time of your appointment with the Medical Doctor.

To support this process, it would be helpful to us if you could submit to our office; proof that you receive a disability grant, any records (from a doctor, psychiatrist or psychologist) or other relevant 'evidence' pertaining to a specific disability. We may need to request records pertaining to your disability 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 information and attach it to your application form. Thank you for your co-operation.

Sincerely,

Ali Smeeton
ICAN!

CONSENT

Herewith I, _____ ID no: _____
give consent to ICAN! 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

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