

FORM A5: FINAL TRAINING REPORT

Section A: Employer Information

cidb Employer Number

Employer Name

Section B: Contract Data

cidb Contract Number

Contract Title

Tender Value (R)

Contract Skills Development Goal (R)

SIP Number (If Applicable)

SIP Project Code (If Applicable)

SECTION C: Definitions and Beneficiary Information

Training Methods:

Method 1(M1): structured workplace learning opportunities for learners towards the attainment of a part or a full occupational qualification;

Method 2(M2): structured workplace learning opportunities for apprentices or other artisan learners towards the attainment of a trade qualification leading to a listed trade subject to at least 60% of the artisan learners being holders of public TVET college qualifications;

Method 3(M3): work integrated learning opportunities for University of Technology or Comprehensive University students completing their national diplomas;

Method 4(M4): structured workplace learning opportunities for candidates towards registration in a professional category by a statutory council listed in Table 1 in the CIDB Standard for Developing Skills Through Infrastructure Contracts Gazette No. 43495

Learner/Candidates Full Name and Surname	Gender		Ethnic Group						Identity Number	Training Method (Please tick)				Placement Start Date	Placement End Date	Placement Duration	Occupation/Trade Description	Description of Practical Task Completed (as per logbook or POE)	Status	Supporting documents available on request (Yes,No or N/A)																								
	Male	Female	Black	White	Coloured	Indian	Other	M1		M2	M3	M4	Training Plan							Attendance Register	Signed Logbooks/POE	Entry Medical Assessments	Exit Medical Assessments	Conducted Summative Assessment	Site Induction	Health and Safety Induction	Registered with Relevant SETA	PPE Register	Register Beneficiaries with CIDB SDA															
Eg. Xolani Smith	1			1				1	2	3	4	5	6	7	4	5	6	8	9	1		X			2021/06/01	2021/09/31		Bricklaying	Read and interpret drawings	Completed	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	No	Yes	Yes			

Section D: Declaration, Contractor Representative

Name of Contractor Rep Title

Initials

Surname

Designation

e-mail

Mobile

Office Telephone

Date

I, the undersigned warrant that:

I am duly authorised to submit this notice on behalf of the Contractor

The contents of this notice are within my personal knowledge, and are to the best of my belief both true and correct.

Signature

Date completed

Section E: Declaration, Employer's Representative

Name of Representative Title

Initials

Surname

Designation

e-mail

Mobile

Office Telephone

Date

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The contents of this notice are within my personal knowledge, and are to the best of my belief both true and correct.

Signature

Date completed