FORM A3: PROJECT INTERIM 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	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 Assessment	Conducted Sumative Assessment	Site Induction	Health and Saftey 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 / Set out building as per drawing / Transfer levels using dumpy level / Batch and mix concrete	Completed / In progress / In progress / Completed	Yes	Yes	Yes	Yes	N/A	No	Yes	Yes	No	Yes	Yes

Section D: Declaration; Contractor Representative

Name of Contractor Rep	Title ___ Initials ___ Surname ___
Designation	
e-mail	
Mobile	0 ___ - ___ - ___
Office Telephone	0 ___ - ___ - ___
Date	Y Y Y Y - M M - D D

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: Y Y Y Y - M M - D D

Section E: Declaration; Employer's Representative

Name of Representative	Title ___ Initials ___ Surname ___
Designation	
e-mail	
Mobile	0 ___ - ___ - ___
Office Telephone	0 ___ - ___ - ___
Date	Y Y Y Y - M M - D D

I, the undersigned warrant that:
- 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: Y Y Y Y - M M - D D