

WORKPLACE CONFIRMATION LETTER

This Workplace Confirmation Form is only applicable to learners applying for the Occupational Certificate: Early Childhood Development Practitioner (SAQA ID 97542), NQF Level 4.

To whom it may concern

I hereby confirm that Mr/Ms/Mrs _____

Identity/passport number:

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Learner number:

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Is presently employed as an Early Childhood Practitioner or will be granted access to our institution to conduct the Workplace learning as required to complete the Occupational Certificate: Early Childhood Practitioner NQF level 4.

The learner is a full-time ☐ or part-time ☐ learner (please tick the relevant section).

Name of school/nursery: _____

School address (Physical and Postal): _____

Postal code:

_____ EMIS no: _____

School stamp

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Official stamp