Mining Qualifications Authority
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MINING QUALIFICATIONS AUTHORITY

APPLICATION TO TERMINATE A LEARNING PROGRAMME AGREEMENT AND OR APPLICATION TO DEASSOCIATE LEARNER FROM A GRANT

Employer Name: _____

Employer SDL number: _____

We the undersigned hereby request for the following Learner's Learning Programme Agreement to be:

(A) **TERMINATED** ☐

(B) **TERMINATED** and **FOR THE RELATED GRANT TO BE DEASSOCIATED** ☐

Details are as follows:

Learner Full Names and Surname (as per ID): _____

Learner ID Number (**complete ID Number in the box provided below**):

Learnership Code : _____

Learnership Agreement Registration Number : _____

Terminate with effect from (**date in full**) : _____

Reason for termination (**please mark one of the reasons below**)

Learnership Change	Learner Resigned	Learner Deceased	Learner Dismissed	Admin Error	Alternative Employment	Provider Change	Employer Change	Other (please specify)

NB: Please attach relevant supporting documentation (e.g. Official Dismissal letter, Training Plan, Death Certificate, etc)

_____   _____
Learner Signature   **Date**

_____   _____
Employer Signature   **Date**

FOR MQA OFFICE USE:

APPROVED	
YES	NO

_____
LP Official Name and Signature   **Date**