



public works
& infrastructure

Department:
Public Works and Infrastructure
REPUBLIC OF SOUTH AFRICA

SUNDUMBILI MAGISTRATE OFFICE: ADDITIONAL ACCOMMODATION

CIDB B.U.I.L.D FORMS

**cidb B.U.I.L.D PROGRAMME; STANDARD FOR INDIRECT TARGETING
PROJECT COMPLETION REPORT
To be completed for each qualifying enterprise**

Section A: Employer Information

cidb Employer Number

Employer Name

Section B: Main/Lead Contractor / JV Information

cidb Contractor Registration Number
of main / lead contractor

Name of contractor

cidb Contractor Registration Number
of Joint Venture Partner 1

Name of contractor /Joint Venture

cidb Contractor Registration Number
of Joint Venture Partner 2

Name of contractor /Joint Venture

cidb Contractor Registration Number
of Joint Venture Partner 3

Name of contractor /Joint Venture

cidb Contractor Registration Number
of Joint Venture Partner 4

Name of contractor /Joint Venture

cidb Contractor Registration Number
of Joint Venture Partner 5

Name of contractor /Joint Venture

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section C: Contract Data

cidb Contract Number

Contract Title

Contract Amount at Award(excluding VAT, including variations and any price adjustment)

R .00

Section D: Compliance with CIDB Standard for Indirect Targeting for Enterprise Development (Complete one per Targeted JV Partner or Targeted Sub-Contractor)

Targeted JV partner or Targeted sub-contractor
 cidb Contractor Registration
 Name of contractor
 Contact Person Title Initials Surname
 Designation
 e-mail
 Mobile 0 - -
 Office Telephone 0 - -

a) Final value of qualifying work undertaken by Targeted Enterprise (excl. VAT, incl. variations and price adjustments):
 R .00
 b) Contract amount at award of main/lead contract (excl. VAT, incl. variations and price adjustments):
 R .00
 Contract participation for targeted enterprise a/b above x 100 = (%) %

- Was a developmental needs analysis undertaken? (Y/N)
- Was a project specific development program with milestones developed? (Y/N)
- Was a schedule of activities developed to address the identified development areas? (Y/N)
- Were appropriate resources allocated for development? (Y/N)
- Were the agreed development targets achieved? (Y/N)

List the areas of development identified (at least two):

Section E: Declaration; Enterprise Development Co-ordinator

Name of Co-ordinator Title Initials Surname
 Designation
 ID / Passport
 e-mail
 Mobile 0 - -
 Office Telephone 0 - -

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Main/Lead Contractor / JV; and
- 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 G: Declaration; Enterprise Development Co-ordinator

Name of Co-ordinator Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Main/Lead Contractor / JV; and
- 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 H: Declaration; Targeted Enterprise Representative

Name of Representative Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I / we agree

disagree

with the Enterprise Development Co-ordinator's assessment of compliance with the Enterprise Development support provided

I / we appeal the assessment by the Enterprise Development Co-ordinator

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Targeted Enterprise
- 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 I: Declaration; Employer's Representative

Name of Representative Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I / we agree disagree with the Enterprise Development Co-ordinator's assessment of compliance with the Enterprise Development support provided

I, the undersigned warrant that:

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

cidb B.U.I.L.D PROGRAMME: STANDARD FOR INDIRECT TARGETING
PROJECT INTERIM REPORT
To be completed for each qualifying enterprise

Section A: Employer Information

cidb Employer Number

Employer Name

Section B: Main/Lead Contractor / JV Information

cidb Contractor Registration Number of main / lead contractor

Name of contractor

cidb Contractor Registration Number of Joint Venture Partner 1

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 2

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 3

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 4

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 5

Name of contractor /Joint Venture

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section C: Contract Data

cidb Contract Number

Contract Title

Contract Amount at Award(Inclusive of VAT)

R .00

Section D: Report on Development Areas

Development Area 1:

Provide information on the milestones achieved as the development plan for the reporting period.

(Attach development plan)

Development Area 2:

Provide information on the milestones achieved as the development plan for the reporting period.

(Attach development plan)

Section E: Compliance with the CIDB Standard for Indirect Targeting for Enterprise Development (Complete one per Targeted Enterprise)

Targeted JV partner or Targeted sub-contractor (Please tick)
 cidb Contractor Registration

Name of contractor

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

a) Current value of work completed by Targeted Enterprise (excl.VAT, incl. variations and any price adjustment):

R .00

b) Contract amount awarded to Targeted Enterprise (excl. VAT, incl. variations and any price adjustment):

R .00

Contract participation for targeted enterprise a/b above x 100 =(%) %

Was a developmental needs analysis undertaken? (Y/N)

Was a project specific development program with milestones developed? (Y/N)

Was a schedule of activities developed to address the identified development areas? (Y/N)

Are appropriate resources allocated for development? (Y/N)

Are the agreed development targets being achieved? (Y/N)

Section F: Declaration; Enterprise Development Co-ordinator

Name of Co-ordinator Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Main / Lead Contractor / JV; and
- 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 G: Declaration; Targeted Enterprise Representative

Name of Representative Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I / we agree disagree with the Enterprise Development Co-ordinator's assessment of compliance with the Enterprise Development support provided

I / we appeal the assessment by the Enterprise Development Co-ordinator Y N

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Targeted Developing Enterprise
- 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 H: Declaration; Employer's Representative

Name of Representative Title Initials Surname

Designation

ID / Passport

e-mail

Mobile 0 - -

Office Telephone 0 - -

I / we agree disagree with the Enterprise Development Co-ordinator's assessment of compliance with the Enterprise Development support provided

I, the undersigned warrant that:

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

**cidb PROJECT ASSESSMENT SCHEME: STANDARD FOR DEVELOPING SKILLS
PROJECT COMPLETION REPORT**

Section A: Employer Information

cidb Employer Number

Employer Name

Section B: Contractor / JV Information

cidb Contractor Registration Number of main / lead contractor

Name of contractor

cidb Contractor Registration Number of Joint Venture Partner 2

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 3

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 4

Name of contractor /Joint Venture

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section C: Contract Data

cidb Contract Number

Contract Title

Tender Value at Award (excl. VAT) R .00

Section D: Compliance with Contract Skills Development Goal (CSDG)

Tender Sub-total (excl. VAT) R .00

Class of Works

Minimum Target Contract Skills Development Goal (%) 0 •

Target Contract Skills Development Goal R .00

Contract Skills Development Goal Achieved R .00

Target Contract Skills Development Goal achieved (%)

Section E: Construction Skills Development Goal Training Achieved

Training Method	No. Unemployed	No. Employed	Duration (Months)	Contract Skills Development Goal (%)
Method 1 (Skills Programme)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 2 (TVET & Apprentices)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 3 (P1& P2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 4 (Candidacy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total (%)	<input type="text"/>

Section F: Actual Training Records

(Complete One per beneficiary or attach pdf copy of signed Form A5 Final Training Report)

Beneficiary Initials Surname

ID

Gender M F

Ethnic Group A I C W Other

Period of Engagement in Project From Y Y Y Y - M M - D D

To Y Y Y Y - M M - D D

Training Method M1 M2 M3 M4

Employed Unemployed

Employer (where applicable)

Section F(i) Complete for a Professional Service Contract only (one per beneficiary)

Total hours

Beneficiary Initials Surname

ID

Gender M F

Ethnic Group A I C W Other

Period of Engagement in Project From Y Y Y Y - M M - D D

To Y Y Y Y - M M - D D

Training Method M1 M2 M3 M4

Employed Unemployed

Employer (where applicable)

Total hours

Section G: Contact Details; Employer's Accounting Officer

Name of Accounting Officer Title Initials Surname

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section H: 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:

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

Please attach pdf copy of signed Form A5 Final Training Report

**cidb PROJECT ASSESSMENT SCHEME: STANDARD FOR DEVELOPING SKILLS
NOTIFICATION OF THE ISSUE OF THE CANCELLATION / TERMINATION OF A CONTRACT**

Section A: Employer information

cidb Employer Number

Employer Name

Section B: Contractor / JV Information

cidb Contractor Registration Number of main / lead contractor

Name of contractor

cidb Contractor Registration Number of Joint Venture Partner 2

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 3

Name of contractor /Joint Venture

cidb Contractor Registration Number of Joint Venture Partner 4

Name of contractor /Joint Venture

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section C: Contract Data

cidb Contract Number

Contract Title

Final Tender Sum R .00

Date of cancellation / termination

Section D: Actual Training Costs Achieved

Actual training costs achieved R .00

Section E: Actual Training Records

(Complete One per beneficiary or attach pdf copy of signed Form A5 Final Training Report)

Beneficiary Initials Surname

ID

Gender

Ethnic Group

Period of Engagement in Project From - -

To - -

Training Method M1 M2 M3 M4

Employed Unemployed

Employer (where applicable)

**cidb PROJECT ASSESSMENT SCHEME: STANDARD FOR DEVELOPING SKILLS
PROJECT TRAINING PLAN**

Section A: Employer Information

cidb Employer Number

Employer Name

Section B: Contractor / JV Information

cidb Contractor Registration Number of main / lead contractor

Name of contractor

Contact Person Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section C: Tender Data

cidb Contract Number

Contract Title

Section D: Contract Skills Development Goal (GSDG)

Tender Sub-total (excl. VAT) R • 00

Class of Works

Minimum Target Contract Skills Development Goal (%)

Target Contract Skills Development Goal R • 00

Contract Skills Development Goal Planned R • 00

Section E: Budgeted Training Hours (Professional Services only)

0,015 / 100 x Tender Sub-total (excl.VAT) Hours

Section F: Construction Skills Development Goal Training Plan

Training Method	No. Unemployed	No. Employed	Duration (Months)	Contract Skills Development Goal (%)
Method 1 (Skills Programme)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 2 (TVET & Apprentice)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 3 (P1 & P2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method 4 (Candidacy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total (%)	<input type="text"/>

Section G: Contact Details; Employer's Accounting Officer

Name of Accounting Officer Title Initials Surname

e-mail

Mobile 0 - -

Office Telephone 0 - -

Section H: Declaration; Employer's Representative

Name of Representative Title Initials Surname

Designation

e-mail

Mobile 0 - -

Office Telephone 0 - -

Date - -

I, the undersigned warrant that:

- I am duly authorised to submit this notice on behalf of the Employer
- The contents of this notice are within my personal knowledge, and are to the best of my belief both true and correct.

Signature

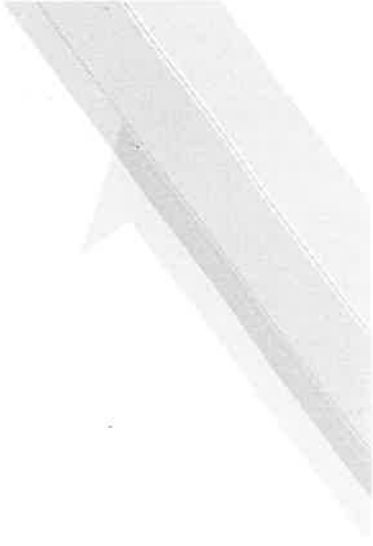
Date completed - -

Please attach pdf copy of signed Form A2 Baseline Training Plan



DEVELOPMENT THROUGH PARTNERSHIP

CIDB SKILLS STANDARD CIDB RECOGNISED SKILLS DEVELOPMENT AGENCIES



CIDB Recognised Skills Development Agencies

No	Name of SDA	SDA Registration Number	Status	Recognition Date End	Province	Contact Person	Contact Number	Email Address
01	CIDB SDA	SDA/ZA/16/00001	Active	01/04/2025	National	Pranveer Harriparsadh	012 482 7230	pranveerh@cidb.org.za
02						Thabelo Ramaru	012 482 7249	thabelor@cidb.org.za
03								
04								
05								
06								
07								
08								
09								
10								

CIDB SKILLS STANDARD
BASELINE TRAINING PLAN

CIDB SKILLS STANDARD

BASELINE TRAINING PLAN

Contractor Details					
Contractor Name:	123Building and construction				
CRS Number:	0000000				
Estimated start date	1 April 2021				
Estimated Completion date	2 May 2022				
Size of Organisation	Small (1-49 employees)		Medium (50-149 employees)		Large (≥150 employees)
				√	

Contractor Contact Details	
Name of Contact Person	Mr Xolani Smith
Designation of Contact Person	Construction Manager
Contact Details	Cell Number: XXX XXXX XXX
	Landline Number: XXX XXXX XXX
	Email address: Smith@123building.co.za

Contract Data				
Project Name	JHB Central Homes			
CIDB Contract Number	#ZZ ZZZZ ZZ			
Name of Client:	Gauteng Department of Infrastructure Development			
Project Description	Recreational Centre			
Final Tender Sum (at tender award)	R65 700 000			
Project Location	Johannesburg Central 1234 Main Street Plot 879			
Project duration	12 months			
Estimated start date	1 April 2021			
Estimated Completion date	2 May 2022			
Description	Designation	Project Value	CSDG %	Min CSDG Target
Civil Eng.	CE		0.25	
General Building	GB	R65 700 000	0.50	R328 500
Civil & General Building	CE & GB		0.375	
Electrical Eng.(Building)	EB		0.25	
Electrical Eng.(Infrastructure)	EP		0.25	
Mechanical Eng.	ME		0.25	
Specialist	SW		0.25	
Total		R65 700 000		R328 500

Construction Skills Development Goal (CSDG) Baseline Training Plan					
Training Method	Number of Employed Learners	Number of Unemployed Learners	Area/s of Specialisation/Trade	Duration of Placement	Total Notional Cost
Method 1: Skills Programme	1	3	Scaffolding	3 months	R57 000
Method 2: FET College Graduates/ Apprenticeship	0	2	Bricklaying and Plastering	12 months	R92 000
Method 3: P1 and P2 learners or a 240 credit qualification	0	0	-	-	-
Method 4: Candidacy with 360 credit qualification	0	1	Project Management	9 months	R184 500
Total	1	6			R333 500

Note: Refer to Table 3 in the Standard for Developing Skills through Infrastructure Contracts Government Gazette 43495 of 3 July 2020 for the notional costs

Contractor's Representative Name: _____ Designation: _____

Signature: _____ Date: _____

Employer's Representative Name: _____ Designation: _____

Signature: _____ Date: _____

For Office Use for SDA				
Action	Status			
Project verified on CIDB Register of Projects (RoP)	Yes		No	
Training plans developed	Yes		No	
Appropriate learners available	Yes		No	
Target learners sent to contractor	Yes		No	
SDA processes explained to contractor	Yes		No	
Placement plan developed	Yes		No	
Training Method	Percentage (%) contribution to the CSDG			
Method 1				
Method 2				
Method 3				
Method 4				
Total				

CIDB SDA Contact Person: Mr Pranveer Harriparsadh or Thabelo Ramaru
 Email address: pranveerh@cidb.org.za or thabelor@cidb.org.za Tel. 012 482 7230/7249

SDA Representative Name: _____ Designation: _____
 Signature: _____ Date: _____

SUPERVISOR/LEARNER AGREEMENT

Memorandum of understanding between Supervisor and Learner

The Contractor is responsible for the effective management of the learning opportunities provided through the cidb *Standard for the Development of Skills through Infrastructure Contracts* (cidb Skills Standard). The attainment of successful learning outcomes and professional development of the learners is largely dependent on the relationship between the assigned Supervisor and the Learner . As a participant in the implementation of the cidb Skills Standard you agree to the Supervisor relationship and commit to endeavour through the challenges of a construction project to give value to the training programme.

The Responsibilities of a Supervisor to the Learner include:

- stimulating a passion for construction
- sharing technical and practical knowledge
- fostering the development of technical and leadership skills
- facilitating networking within the working community
- instilling an expectation of personal growth and learning by the Learner
- developing knowledge and understanding in the areas of health, safety, environment, quality and production
- inculcating professionalism and a desire for continual improvement by the Learner
- creating a nurturing relationship that instils a sense of discipline and professional pride
- giving constructive feedback and
- signing the Learners logbook.

Supervisor's name _____

Signature: _____ Date: _____

The Responsibilities of a Learner are:

- adhere to the Host Employer's onsite rules and policies
- have an expectation of personal growth and learning
- to be enthusiastic and motivated
- to be open and accept supervision from the Supervisor and other colleagues

- to develop a thorough understanding of health, safety, environment, quality and production
- to have a positive attitude
- to display a strong sense of discipline and to be conscious of time
- to operate within the team
- to take the time to learn and practice new skills
- to make time to fill in your logbook and obtain the Supervisor's signature for completed tasks

Intern's Name: _____ ID No: _____

Signature: _____ Date: _____

FORM AS FINAL TRAINING REPORT

16. Employer Details

Employer Name: _____

Employer Address: _____

Employer Contact: _____

Employer Email: _____

Employer Telephone: _____

Employer Fax: _____

Employer Website: _____

Employer Training Officer Name: _____

Employer Training Officer Title: _____

Employer Training Officer Contact: _____

Employer Training Officer Email: _____

Employer Training Officer Telephone: _____

Employer Training Officer Fax: _____

Employer Training Officer Website: _____

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 VET college qualifications;

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

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

Learning Opportunity Full Name (not Abbreviation)	Quantity	Trade Class				Priority	Priority Method (P1-P5) (Y/N)	Placement Start Date	Placement End Date	Placement Duration	Occupation/Trade/Description	Description of Inward Task Completion for job related to POC	Supporting Evidence Available (if Request Yes/No/N/A)																																																																																								
		Class	Class	Class	Class								Training Plan	Apprentice	Y1	Y2	Y3	Y4	Y5	Y6	Y7	Y8	Y9	Y10	Y11	Y12	Y13	Y14	Y15																																																																								
E.g. 2000000000	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Name of Contractor: _____

Designation: _____

Mobile: _____

Office Telephone: _____

Date: _____

Signature: _____

Date completed: _____

Name of Representative: _____

Designation: _____

Mobile: _____

Office Telephone: _____

Date: _____

Signature: _____

Date completed: _____

I, the undersigned, warrant that:

- I am duly authorized 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.

I, the undersigned, warrant that:

- I am duly authorized 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.