Government Notice

MINISTRY OF LABOUR AND SOCIAL WELFARE

No. 42 2015

REGULATIONS REGARDING EMPLOYMENT SERVICES:
EMPLOYMENT SERVICES ACT, 2011

In terms of section 34 of the Employment Services Act, 2011 (Act No. 8 of 2011) I have made the regulations set out in the Schedule.

D. SIOKA
MINISTER OF LABOUR AND SOCIAL WELFARE  Windhoek, 16 March 2015

SCHEDULE

ARRANGEMENT OF REGULATIONS

1. Definitions
2. Registration of job seekers
3. Exemption from Part 3 of the Act
4. Designated employers to report vacancies and new positions
5. Notification of intention to operate a new employment establishment
6. Job seekers referral period by the bureau
7. Reporting on referred job seekers
8. Provision of information by designated employers
9. Provision of information by designated institutions
10. Records and returns
11. Mode of submitting information

Annexures - Forms
Form ESA 1a: Application for exemption from Part 3 of the Act
Form ESA 2a: Declaration of exemption from part 3 of the Act
Form ESA 3a: Notification of vacant or new positions and intention to operate a new employment establishment
Form ESA 4a: Designate institution information submission form.

Definitions

1. In these regulations a word or an expression to which a meaning has been assigned in the Act has that meaning and unless the context otherwise indicates -

“job seeker” means an individual who is unemployed and proactively seeking employment;

“the Act” means the Employment Services Act, 2011 (Act No. 8 of 2011).

Registration of job seekers

2. Job seekers may, electronically or manually, register with the bureau in terms of section 14(1)(a) of the Act.

Exemption from Part 3 of the Act

3. (1) An application for exemption contemplated in section 15(6) of the Act must be made to the Minister on a form that substantially corresponds to Form ESA 1a set out in the Annexure.

(2) An exemption granted or denied in terms of section 15(7) of the Act must be on a form that substantially corresponds to Form ESA 2a set out in the Annexure.

Designated employers to report vacancies and new positions

4. (1) Every designated employer contemplated in section 15(1) of the Act must notify the bureau of any vacancy or new position in terms of section 16(1) of the Act on a form that substantially corresponds to Form ESA 3a set out in the Annexure.

(2) The notice contemplated in subregulation (1) must be made at least fourteen calendar days before the closing date for applications relating to the vacancy or position concerned.

(3) Where applications are not solicited, the notice contemplated in subregulation (1) must be made at least 14 calendar days before the intended date of filling the vacancy or position concerned.

Notification of intention to operate a new employment establishment

5. (1) Every person who intends to operate a new employment establishment contemplated in section 16(2) of the Act must notify the bureau on a form that substantially corresponds with Form ESA 3a set out in the Annexure.

(2) The notification in terms of subregulation (1) must be made at least 30 calendar days before the employment of persons.
Job seekers referral period by the bureau

6. The bureau must refer the job seekers’ particulars contemplated in section 16(4) of the Act within 14 calendar days from the date of receipt of a notification contemplated in section 16(3) of the Act.

Reporting on referred job seekers

7. The report contemplated in section 16(7) of the Act -

(a) must be made by the employer within 30 calendar days from the date of receipt of the job seekers referrals from the bureau; or

(b) within seven calendar days if the position is filled at a later date; and

(c) must indicate -

(i) the positions which were filled;

(ii) the dates the respective positions were filled;

(iii) whether positions were filled or not by job seekers referred by the Bureau, and

(iv) if referred job seekers were not employed by the employer, reasons for such nonplacement.

(d) If a position is not filled within 30 calendar days of receiving job seekers’ particulars the employer must notify the bureau of -

(i) its intent to fill the position and

(ii) a contemplated date for filling the position.

Provision of information by designated employers

8. All designated employers must annually submit to the bureau a full profile of its establishment in terms of section 17(1) of the Act.

Provision of information by designated institutions

9. (1) Institutions designated in terms of section 18(2) of the Act must when so directed by the bureau submit information referred to in that section.

(2) The information contemplated in section 18(2) of the Act must be submitted within 30 calendar days from the date of receipt from the bureau of a request on a form that substantially corresponds with From ESA 4a set out in the Annexure.

Records and returns

10. (1) All designated employers in terms of section 17(1) of the Act must keep records of all vacancies and all aspects relating to vacancies.

(2) The records contemplated in subregulation (1) must be -
(a) in English;
(b) kept at the designated employer’s principal place of business, and
(c) retained by the designated employer for a period of not less than five years.

Modes of submitting information

11. All information to be submitted in terms of these regulations may be submitted manually or electronically.
**APPLICATION FOR EXEMPTION FROM PART 3**  
*Section 15(6), Regulation 3*

I ............................................................................................................................................................  
(Full name and surname of representative)

on behalf of ...............................................................................................................................................

(Name of establishment)

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<tr>
<th>1. Physical Address:</th>
<th>2. Postal Address:</th>
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<th>3. Telephone number(s):</th>
<th>4. Fax number:</th>
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<th>5. Email(s) :</th>
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apply to be exempted from the provisions of Part 3 of the Employment Services Act, (Act No. 8 of 2011), based on the following reasons:

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............................................................................................................................................................
............................................................................................................................................................

_________________________________    _____________________  
SIGNATURE OF REPRESENTATIVE    DATE
NOTE: This application does not exempt the applicant from compliance with Part 3 up and till the Minister’s approval of the exemption application: Attach additional sheets if necessary.

FORM ESA 2a

REPUBLIC OF NAMIBIA
MINISTRY OF LABOUR AND SOCIAL WELFARE

Tel: 061 206 6111 32 Mercedes Street
Fax: 061 206 6270 Khomasdal

DECLARATION OF EXEMPTION
Section 15(7), Regulation 3

I ................................................................................. acting in my capacity as Minister of Labour and Social Welfare hereby

GRANT EXEMPTION DENY EXEMPTION

Description of employer ....................................................................................................................................... Category of employers: ...........................................................................................................................................

Class of employers: ............................................................................................................................................

1. Full names of applicant(s): ............................................................................................................................
2. Physical Address: ...........................................................................................................................................
3. Postal Address: ...............................................................................................................................................

4. Telephone number(s): ....................................................................................................................................
5. Fax number: ....................................................................................................................................................

6. Email(s) : ........................................................................................................................................................

from compliance with Part 3 of the Act, subject to the following conditions:

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........................................................................................................................................................................

This exemption is effective from .............................................. till .......................................................

_________________________________    _____________________
MINISTER OF LABOUR  AND SOCIAL WELFARE  DATE
NOTIFICATION OF VACANT/NEW POSITIONS AND INTENT TO OPERATE A NEW EMPLOYMENT ESTABLISHMENT

Section 16(1), Regulation 4
Section 16(2), Regulation 5

INSTRUCTIONS:
• Sections A, B, C and G apply to notifications of intention to operate a new employment establishment
• Sections A-G apply to notifications of vacant or new positions
• Attach additional information sheets for each vacancy as it needed
• Tick in appropriate spaces
• Print in block letters

A. TYPE OF NOTIFICATION

- Intent to operate a new employment establishment
- Vacant or new positions

B. PARTICULARS OF DESIGNATED EMPLOYER

<table>
<thead>
<tr>
<th>Name of employer:</th>
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<tbody>
<tr>
<td>Nature of employer:</td>
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<tr>
<td>Public sector</td>
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<tr>
<td>Services rendered/products offered by establishment</td>
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<tr>
<td>Intended operations commencement date</td>
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C. CONTACT DETAILS

1. Physical Address:  
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2. Postal Address:  
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3. Telephone number(s):  
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   ..................................................................................................................
4. Fax number:  
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5. Email(s):  ..........................................................................................................................
Name of employer representative: .........................................................................................................................

Position: ....................................................................................................................................................................

D. POSITIONS

<table>
<thead>
<tr>
<th>Name of position(s) to be filled</th>
<th>Number of positions to be filled</th>
<th>Date of Assumption of duty</th>
<th>Closing date of application</th>
<th>Nature of employment</th>
<th>Date notification was received (for official use only)</th>
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<td>Non-temporary/indefinite</td>
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E. GENERAL DESCRIPTION OF DUTIES

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F. MINIMUM REQUIREMENTS

Educational Qualifications:
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Experience:
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Skills/competencies
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G. DECLARATION

I certify that the information provided above is to the best of my knowledge accurate and I realize that any false declaration is a criminal offence and will make me liable to prosecution.

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<tr>
<th>Full names</th>
<th>Signature</th>
<th>Date</th>
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Added advantages / special requirements:

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**FORM ESA 4a**

**REPUBLIC OF NAMIBIA**  
MINISTRY OF LABOUR AND SOCIAL WELFARE  

Tel: 061 206 6111  
Fax: 061 206 6270  
32 Mercedes Street  
Khomadsal  

EMPLOYMENT SERVICES ACT, 2011 (ACT NO. 8 OF 2011)  
DESIGNATED INSTITUTION INFORMATION SUBMISSION FORM  

Section 18 (2), Regulation 9  

*Note: where applicable a graduation book can be attached*

**CONTACT DETAILS OF INSTITUTION**

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<th>Physical/Residential Address:</th>
<th>Postal Address:</th>
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Telephone No .................... Fax: .................... Cell phone: .................... Email ....................

**PERSONS WHO COMPLETED ACCREDITED EDUCATIONAL PROGRAMME/COURSES**

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<tr>
<th>Programme/courses</th>
<th>Number of persons</th>
<th>Year of completion</th>
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**PERSONS WHO ARE CURRENTLY IN THE RESPECTIVE PROGRAMMES**

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<thead>
<tr>
<th>Names of persons</th>
<th>Name of programme/ courses</th>
<th>Years of study</th>
<th>Contact details</th>
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COURSES OFFERED BY THE DESIGNATED INSTITUTION

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<th>Course(s) offered</th>
<th>Number of years of study</th>
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I certify that the information provided above is to the best of my knowledge accurate and I realize that any false declaration is a criminal offence and will make me liable to prosecution.

..................................  ..................................  ............................ ................
Full names   Position   Signature   Date

(Institution representative)  

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