

**PERMISSION TO CONDUCT  
PROCESS AT THE  
WORKPLACE**

Workplace Mediation is most effective if conducted at the workplace. Permission must be sought from the Employer / Representative of the Employer to conduct the process at the workplace. If permission to conduct the process at the workplace is not given, the process will be scheduled at the nearest CCMA office or venue.

**5. DETAILS OF THE WORKPLACE**

Name of Employer: .....  
Contact Person: .....  
Physical Address: .....  
.....  
Tel: ..... Cell: .....  
Fax: ..... Email: .....

**6. PERMISSION BY EMPLOYER TO CONDUCT PROCESS AT THE WORKPLACE**

I, the undersigned, confirm that I am the Employer / Representative of the Employer of the Party requesting Workplace Mediation and do hereby give permission for the process to be conducted at the workplace as reflected in 5. above. I undertake to provide a suitable venue for the process to be conducted and to grant time off to the Employee(s) involved to attend the process.

Full Name: .....  
Signature: .....  
Signed at .....on this.....

**7. INTERPRETER SERVICES**

If an interpreter is required, please indicate language:

- |   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Afrikaans                      | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu  |
| <input type="checkbox"/> IsiXhosa                       | <input type="checkbox"/> Sepedi     | <input type="checkbox"/> SeSotho  |
| <input type="checkbox"/> Setswana                       | <input type="checkbox"/> IsiSwati   | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language                  | <input type="checkbox"/> Tshivenda  |                                   |
| <input type="checkbox"/> Other (please describe): ..... |                                     |                                   |

**8. SECTOR**

Indicate the sector in which the problem arose:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agriculture/Farming            | <input type="checkbox"/> Food & Beverage  | <input type="checkbox"/> Public Service                     |
| <input type="checkbox"/> Building & Construction        | <input type="checkbox"/> Health           | <input type="checkbox"/> Services (Business & Professional) |
| <input type="checkbox"/> Chemical                       | <input type="checkbox"/> Mining           | <input type="checkbox"/> Retail                             |
| <input type="checkbox"/> Contract Cleaning              | <input type="checkbox"/> Motor            | <input type="checkbox"/> Wholesale                          |
| <input type="checkbox"/> Distribution                   | <input type="checkbox"/> Paper & Printing | <input type="checkbox"/>                                    |
| <input type="checkbox"/> Domestic                       | <input type="checkbox"/> Private Security |   |
| <input type="checkbox"/> Other (please describe): ..... |   |   |

**9. CONFIRMATION OF ABOVE DETAILS**

Signature of Party requesting Workplace Mediation: .....  
Signed at .....on this.....