



NSBE HIGH SCHOOL LEVEL MENTORSHIP PROGRAMME 2010-2011

PERSONAL DETAILS OF MENTOR			
Name:			
Gender:			
Postal Address:			
Physical Address:			
I.D. Number:			
Company:		Email:	
Qualification			
Field of Specialization			
Home Phone:		Work Phone:	
Mobile:		Fax:	

NAME OF SCHOOL ADOPTED: (Please write down the name and area of the school of your choice)

INTERACTION LEVEL: Students require varying levels of interaction with their mentors. In order to accurately and realistically assess your availability, please take transportation time, your lifestyle, and other family, social, and work obligations into consideration when answering the following questions:-

How often do you anticipate being able to visit the school you have adopted?
 Once/quarter Once/ every two months Once/ month More than once/month

How often do you anticipate being able to phone / e-mail the school you have adopted?
 Once/week Once/two weeks Once/month More than once/month

***SIGNATURE:**

Signed: _____ Date: _____

Name: _____

Please return this form to the NSBE Mentorship Programme.
 81 Peter Kerchhoff Street, Pietermaritzburg, 3201
 Tel: 0333450783 Fax: 0333451856 Email: admin@nsbe.org.za