



**NSBE POST TERTIARY LEVEL MENTORSHIP PROGRAMME
2010-2011**

| PERSONAL DETAILS OF MENTOR | | | |
|----------------------------|--|-------------|--|
| Name: | | | |
| Gender: | | | |
| Postal Address: | | | |
| Physical Address: | | | |
| ECSA registration no. | | | |
| I.D. Number: | | | |
| Company: | | Email: | |
| Qualification | | | |
| Field of Specialization | | | |
| Home Phone: | | Work Phone: | |
| Mobile: | | Fax: | |

FIELD OF INTERESTS: (Please specify and explain level of course/discipline where necessary)

INTERACTION LEVEL: Our mentees 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 see the student you mentor?
 Once/quarter Once/ every two months Once/ month More than once/month

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

PREFERRED AREA OF LOCATION OF MENTEE: (Please write down the Province and City/Town of your Choice)

***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