



NSBE TERTIARY 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:	

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

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PREFERRED GENDER OF STUDENT: Male Female

INTERACTION LEVEL: Our 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 see the student you mentor? <input type="checkbox"/> Once/quarter <input type="checkbox"/> Once/ every two months <input type="checkbox"/> Once/ month <input type="checkbox"/> More than once/month
How often do you anticipate being able to phone / e-mail the student you mentor? <input type="checkbox"/> Once/week <input type="checkbox"/> Once/two weeks <input type="checkbox"/> Once/month <input type="checkbox"/> More than once/month

PREFERRED UNIVERSITY/UNIVERSITY OF TECHNOLOGY: (Please write down the name and area of the University of your Choice)

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***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