

**REGISTRATION FORM: MENTORS**

To enable us to contact you during the duration of the learnership as well as to apply for CPD (Continued Professional Development)-points please provide us with the following details:

PLEASE PRINT:

Title		Surname			
Full Names					
Your allocated area and office			Registration Number with SACSSP		
Workplace address ( <i>as complete as possible</i> ) for correspondence purposes					
YES	NO	YES	NO	YES	NO
<b>Manual received</b>		<b>SACSSP Reg. – Proof of registration submitted</b>		<b>SACSSP – Proof of payment submitted (current)</b>	
<b>Tel No.</b>		<b>Cell No.</b>		<b>Fax No.</b>	
<b>E-mail address</b>			<b>Signature</b>		

**PLEASE** forward any outstanding information as soon as possible to:

Ms Antoinette van Wyk  
 Administrative Manager, CEFA  
 P O Box 16, WELLINGTON, 7654

**Date:** .....