



EXPERIENTIAL TRAINING INFORMATION			
Duration of Training	Start Date		End Date

STUDENT INFORMATION			
Student Number		Surname	
Full Names			Gender
Contact Number		Email	

COMPANY INFORMATION			
Company Name			
Physical Address			
Representative			
Designation		Email	
Office Number		Cell	

VUT STAFF MEMBER INFORMATION							
Initials & Surname						Staff Nr	
Vehicle used:	Private	VUT	Kilometres travelled	Start km		End km	
WIL Visit Expenses (proof of all expenses must be attached)							
Food & Beverages	R		Fuel Expenses	R		Toll	R
Accommodation	R		Other Expenses				

Date of Industry Visit	
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VUT Staff Member Signature	
Company Representative Signature	
WIL Student Signature	