



STUDENT INFORMATION:

Sponsored by: SETA / NSFAS / Bursary / Other _____

Student Number			
Name			
Surname			
Gender <i>(Please Tick)</i>	M		F
Home address			
Postal address			
Contact number			
Email address			

SITE ADDRESS (IF APPLICABLE):

PLACEMENT DETAILS:

Company Name	
Company Address	
Company Contact Number	

MENTOR DETAILS:

Mentor Name	
Mentor Address	
Mentor Contact Number	
Mentor Email Address	
Mentor Qualification	

SUPERVISOR DETAILS:

Mentor Name	
Mentor Address	
Mentor Contact Number	
Mentor Email Address	
Mentor Qualification	

WIL DURATION:

From (start)		To (finish)	
--------------	--	-------------	--

WIL SUBJECT: (PLEASE TICK WIL SUBJECT THAT YOU ARE REGISTERING FOR)

Non-Destructive Testing	APWNP1A		APWNP2A	
Student Signature				

UNIVERSITY APPROVAL:

Signature of WIL Coordinator		Approved		STAMP
		Declined		
Date				