



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	

WBL DURATION:

From (start)		To (finish)	
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WBL SUBJECT: (PLEASE TICK WBL SUBJECT THAT YOU ARE REGISTERING FOR)

Biomedical Technology	AHWILIA		
Student Signature			

UNIVERSITY APPROVAL:

Signature of WIL Coordinator	Approved		STAMP
	Declined		
Date			