**UNIVERSITY OF EDUCATION, WINNEBA**

**INSTITUTE FOR TEACHER EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT (ITECPD)**

**EMAIL ADDRESS:** [**itecpdsip@uew.edu.gh**](mailto:itecpdsip@uew.edu.gh)

**DETAILS OF HEAD / MENTORS’ PARTICULARS**

Name of School…………………………………………………………………………………………………Town……………………………………………

Academic Year for Internship…………….……………………. Date of Completion…………….……………………Region………………………………….

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| **INTERN(S)** | | **MENTOR(S)** | | |
| **NAME OF INTERN(S)**  **& DEPARTMENT(S)** | **INDEX NUMBER(S)**  **OF INTERN(S)** | **NAME OF MENTOR(S)** | **BANK / BRANCH** | **ACCOUNT NUMBER** |
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**DETAILS OF HEAD OF INSTITUTION**

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| **NAME** | **BANK / BRANCH** | **ACCOUNT NUMBER** |
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***NB: Please stamp and sign.***

*To ensure prompt payment of mentoring allowances the Head of Institution/Organization and Mentor(s) are requested to complete this form and mail it to* [*itecpdsip@uew.edu.gh*](mailto:itecpdsip@uew.edu.gh) *and or post it together with students’ Evaluation Form to* ***The Director, ITECPD, P. O. Box 25 University of Education Winneba.***

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NAME OF SCHOOL:………………………………….TOWN…………………………..LOCATION:…………………………………………….

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Please fill this form and mail it back to the address below by 6th November, 2024 to enable the institute invite untrained mentors for training or send by email to; [itecpdsip@uew.edu.gh](mailto:itecpdsip@uew.edu.gh)

The Director

Institute for Teacher Education and Continuing professional Development (ITECPD)

University of Education, Winneba

P. O. Box 25

Winneba

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| **STUDENT(S)-MENTEE(S)** | | | **MENTOR(S)** | | | |
| S/N  NO. | NAME | DEPT | NAME / CONTACT | SPECIALIZED  AREA/SUBJECT | STATUS | |
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