

DA3UV-B7YFR-MS4TN-65H19

UNIVERSITY OF EDUCATION, WINNEBA
INSTITUTE FOR TEACHER EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT (ITECPD)
EMAIL ADDRESS: itecpdsip@uew.edu.gh
DETAILS OF HEAD / MENTORS' PARTICULARS

Name of School.....Town.....

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

INTERN(S)		MENTOR(S)		
NAME OF INTERN(S) & DEPARTMENT(S)	INDEX NUMBER(S) OF INTERN(S)	NAME OF MENTOR(S)	BANK / BRANCH	ACCOUNT NUMBER

DETAILS OF HEAD OF INSTITUTION

NAME	BANK / BRANCH	ACCOUNT NUMBER

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 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:.....

ADDRESS:REGION:CONTACT NUMBER(S).....

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

The Director
Institute for Teacher Education and Continuing professional Development (ITECPD)
University of Education, Winneba
P. O. Box 25
Winneba

STUDENT(S)-MENTEE(S)			MENTOR(S)			
S/N NO.	NAME	DEPT	NAME / CONTACT	SPECIALIZED AREA/SUBJECT	STATUS	
					T	UN
1						
2						
3						
4						
5						
6						
7						
8						

NB: Please stamp and sign.

NOTE: Please, tick () STATUS OF MENTOR: T- TRAINED UN- UNTRAINED