

**CZWP2-XMQ4K-9SFBV-8AH6L**

**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.....

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](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:.....

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

Please fill this form and mail it back to the address below by 6<sup>th</sup> 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

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