



**Vaal University of Technology
Faculty of Human Sciences**

**REGISTRATION OF WORKPLACE BASED
LEARNING (WBL)**

**HOSPITALITY MANAGEMENT
COURSE CODE: DI1010**



STUDENT NO GENDER M F

NAME & INITIALS SURNAME

HOME ADDRESS

POSTAL ADDRESS

TEL. NO. EMAIL ADDRESS

COMPANY

CO. ADDRESS

POSTAL ADDRESS POSTAL CODE

TEL. NO. FAX NO

SITE ADDRESS (If applicable)

TEL. NO. FAX NO.

MENTOR

TEL. NO. FAX NO.

DESIGNATION

E-MAIL

QUALIFICATION CELL NO.

SUPERVISOR

TEL. NO. FAX NO.

DESIGNATION

E-MAIL

QUALIFICATION CELL NO.

WBL duration

From: TO:

Signature of student: Date:

Signature of WBL lecturer: Date:

DEPARTMENT
Hospitality Management HTWIL3A

SIGNATURE OF DEPT CO-ORDINATOR: APPROVED

DATE DECLINED

STAMP