

VAAL UNIVERSITY OF TECHNOLOGY FACULTY OF HUMAN SCIENCES

REGISTRATION OF WORKPLACE BASED LEARNING (WBL)



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)	
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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 stude	
Signature of WBL lecturer: Date:	
DEPARTMENT	
ND Fashion HDBFA2A	
SIGNATURE OF DEF	T CO-ORDINATOR: APPROVED STAMP
DATE	DECLINED

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