

MENTOR APPLICATION FORM



An important cornerstone to our students' success is mentorship. We match each incoming student with a mentor who helps to guide the student through the academic and personal journey of secondary school. Over the years we have found that the mentors learn as much from the students as the students learn from the mentors.

Personal Details

Name & Surname: _____
Date of Birth (dd/mm/yyyy): _____
Gender: _____
Ethnic Group: _____

Contact Details

Cellphone number: _____
Telephone number: _____
Email address: _____

Home Address: _____

City: _____

Employment Details

Current Employment: _____
Address: _____
Department: _____
Title: _____
Highest Qualification: _____
Institution Obtained: _____
Year Graduated: _____

Are you an SSP Alumni: YES / NO

If you are, which school did you matriculate from and which year?

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Questionnaire

1. Why are you interested in getting involved with the SSP mentorship programme? Is there a particular aspect that resonates with you?

2. What skills do you have that would be helpful to a high school student?

3. Do you have previous mentoring/volunteering experience? If so, please give us detail.

4. Tell us about your interests and social hobbies?

5. What city are you from?

6. How did you hear about SSP?

References

Please provide us with two contactable references; our mentor programme coordinator will be in touch with them. We ask that you please alert your references in advance.

1. Name & surname: _____
Relationship: _____
Telephone number: _____
Preferred Call time: Morning / Daytime / Afternoon
Email Address: _____

2. Name & surname: _____
Relationship: _____
Telephone number: _____
Preferred Call time: Morning / Daytime / Afternoon
Email Address: _____

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Informed Consent & Indemnity

I understand and commit that I will complete a mentor orientation program and at least one training session before I start mentoring.

I understand that all mentors who come into regular contact with SSP students will be subjected to a standard criminal record and profile verification as per Child Protection standards.

I authorize any persons listed above as references on this application to furnish information concerning my personal character, habits or employment record.

I, _____ (full names), certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature: _____

Signed at: _____

Date: _____

Witnessed By: _____

Signature: _____

Date: _____



FORM 29

INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON'S NAME APPEARS IN PART B OF
NATIONAL CHILD PROTECTION REGISTER

(Regulation 44)

[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag X901
PRETORIA
0001

Dear Sir / Madam

In terms of section 126 of the Children's Act, 38 of 2005, I
..... (full names and surname) wish to inquire whether the name of a person
in my employ or that I wish to employ appears in Part B of the National Child Protection Register. A
certified copy of one of the following documents is attached as verification of my identity (mark with
an "x"):

- birth certificate (only if not in possession of identity document or passport)
- identity document
- passport

In the event that his/her name is included in Part B of the Register, kindly furnish reason why this
was done.

**Please note that section 126 of the Act requires you to respond to this inquiry within 21
working days.**

Name of business : SSP (Student Sponsorship Programme)
Physical address of business : 76 Juat Street, Braamfontein
Postal address of business : 2017
Telephone numbers of business : 010 206 0494
Position held or to be held by person: Volunteering as a mentor

Personal details of person

Full names :
Surname :
Physical address :
Postal address :
Telephone number :
Alias or nickname :
ID number :
Passport number :

Yours sincerely

(Signature)

(Date)