

Study Leader Registration

Tutor Number:

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It is assumed that every Study Leader is also registered as Tutor at a Tuition Centre

TC No. B.Day

PERSONAL DETAILS

Name: _____

Surname: _____

ID No: _____

(Provide photocopy)

Date of Birth:

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Photo: (Black & white or colour, normal 38x38mm)



Attach
photo
here
please

A copy of this page must be on file at the Tuition Centre with whom the Study Leader is associated.

This serves as the **document of registration** for acting as a **Study Leader**. Payments deposited will be reimbursements of due discounts of fees.

Address: _____

Street/Box: _____

Town: _____

Code: _____ (or Country)

Phone: _____

Cell: _____

Fax: _____

email: _____

BANK DETAILS

Account Holder: _____

Bank: _____

Branch: _____

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Account No:

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EXPERIENCE

Highest current qualification:
(Masters or Doctorate) _____

_____ (Provide photocopy)

Where: _____

Year of qualification: _____

Currently studying: _____

Where? _____

In which field(s) do you teach? _____

How many lectures per year? _____

Who can give you a character reference?

Name: _____

With which Centre are you associated?

AGREEMENT

I accept, as the condition of this agreement, to exclusively act on behalf of CLT as study leader to post-graduate students registered with Calvary University and as Tutor or lecturer to other CLT students.

I will give personal guidance according to the CU website description of a Tutor.

It is my responsibility that the candidates will pay the agreed or set tuition fees.

Signature: _____

Date: _____

CLT Signature: _____