**RPL TOOLKIT – INSTRUMENT 05 – MENTORSHIP REPORT**

*To be completed by the Workplace Mentor for work experience*

|  |  |  |  |
| --- | --- | --- | --- |
| **RPL Candidate Details** | | **Workplace Mentor** | |
| **Candidate Name** |  | **Host Employer** |  |
| **Candidate ID No.** |  | **Site Location** |  |
| **RPL Occupational Qualification Title** | National Occupational Certificate: Beauty Therapist | **Workplace Approval No.** |  |
| **SAQA ID** | 121607 | **Mentor Name** |  |
| **Credits and NQF Level** | 158, L4 | **Contact No.** |  |

*The table below should be aligned to the assessment matrix*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Experience Tasks Complement Successfully** | **Gap Credits** | **Days** | **Timelines in weeks (shade blocks)** | | | | | | | | **Dates** | **Candidate Signature** | **Mentor Signature** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |