

Masterclass Mentor - Activity Record Sheet

Note: Mentors are requested to use this form for all record face-to-face involvement with pupils & teachers, either in their schools or through workplace visits, etc. E-mentoring will be monitored and recorded centrally by EBC.

Name of Masterclass Mentor:

Visit Date	School/Teacher Supported	Brief Description of Activity/Support Delivered	Time (in/out including travel)

Signature of Masterclass Mentor **Signature of EBC staff member**

**PLEASE FAX BACK YOUR COMPLETED FORM TO CHRIS VICKERS (EBC) on 0191 516 6412.
A NEW FORM WILL THEN BE FORWARDED TO YOU.**