

Fundani CHED: Student Learning

PEER TUTORIAL PROGRAMME

**Tutor Training Application Form**

**2020**

**Applications are invited for the position of Peer Tutor in the departments offering tutorial programmes.**

**Completed and signed application forms to be submitted at the Fundani CHED: Student Learning Unit, room 4.30, Engineering building, Cape Town / Writing Centre, IT building, Room 3.12, Bellville**

**Minimum requirements for application are:**

* **Applicant must be academically competent in the subject - not necessarily a "high flyer"**
* **Applicant must have the time to:**
	+ - Conduct on average, two 60-minute tutor sessions per week – not more than 5 hours/ week
		- Attend regular planning meetings with supervising lecturer
		- Attend regular monthly meetings with tutor team
		- Attend a two-day training workshop at the beginning of the academic year and ongoing training thereafter.
* **Applicants must feel comfortable working in a team.**
* **The Dean or Head of Department must endorse the application.**

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| --- | --- | --- | --- |
|  |  |  |  |
| **Full Name:** |  | **Student No:** |  |
| **ID/Passport No.:** |  |
| **Are you a foreign student?** |  |
| **Home Address:** |  |
|  |  | **Code:** |  |
| **Tel No (home):** |  | **(Cell):** |  |
| **Study Address:** |  |
|  |  | **Code:** |  |
| **Tel No (study):** |  | **(Cell):** |  |
| **Email:** |  |
| **Faculty:** |  |
| **Department:** |  |
| **Course:** |  |
| **What subject/s do you wish to tutor in?**  |

***Please answer the following questions:***

1. **In your own words explain why you would like to become a peer tutor?**

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1. **Are you able to attend a 2-day training workshop at the beginning of the year/ semester? Yes / No**

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| **RECOMMENDATION OF PROSPECTIVE TUTOR** |
|  |  |  |  |
| **I recommend** |  | **as a tutor for** |  |
|  | **(tutors’ full name)** |  | **(subject/ course)** |
|  |  |  |  |
| **Briefly outline why you think this candidate may be a good tutor?** |
|  |
|  |
| **Recommended by:** |  | **Signature:** |  |
| **Contact Number:** |  |
|  |  |
| **DEAN/ HEAD OF DEPARTMENT** |
| **I do/ do not support this application (*Please delete one)*** |
|  |
| **Signature:**  |  | **Date:** |  |
|  |

***Please attach a printout of your latest academic results and proof of regisration***