List of the Participants GROUP SOCIAL MENTORING

Duration: from ______ till _____

ORGANISING ORGANISATION: Country, town: Mentor: (Name, Surname, signature)			
No.	Name/Surname of Mentee	Target group ()	Signature
1.			
2.			
3.			
4.			
5.			
Manager of group social mentoring(Name, Surname, signature)			