

LODGE MENTOR'S REPORT

Lodge: _____

Lodge Mentor: _____

Candidate: _____

Personal Mentor: _____

DATE OF:

INITIATION

PASSING

RAISING

Charges Given (Tick✓)

YES

☐

NO

☐

Number of meetings with Personal Mentor

Number of visits to other Lodges

Joined LOI ? (Tick✓)

YES

☐

NO

☐

Remarks: _____

Signed: _____ Date: _____

Kindly return this form to the District Mentor at dgleastafrica@gmail.com