

PRACTICE HOURS

Please start a new page per placement

To be completed as per your local University Requirements

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
Weekly Total =					Weekly Total =					
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
Weekly Total =					Weekly Total =					
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
Weekly Total =					Weekly Total =					

Total hours of completed practice on this page	Figures	Words
Total hours of Sickness/Absence on this page	Figures	Words
Staff member: I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement Area: _____	Date: _____	
Declaration by Student: I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.		
Signed: _____ (Student)	Date: _____	

It is expected that the student will work a range of shifts to meet NMC Requirements

Shift Codes D = Day Shift, N= Night Shift, S= Sickness, A = Absent