

Record of Student Hours

Student name (please print)	PI number
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As a student you continue to have an obligation to account for your time. Over the course of the module you must complete 550 hours learning in practice. During these 550 hours, supervision by a qualified practitioner must be available to support your development and inform assessment decisions.

You need a copy of this form for each month of the module. You can either photocopy the form or print copies from the module website. Every month this form should be completed and signed for each day you are in practice. At the end of each day that you are in practice as a student, complete the form and ensure a staff member signs it to confirm your hours in practice. Completion must not be retrospective. Once completed you need to take a copy of each form to send to your employer. You should retain the original for your own records.

Your supervisor will report any concerns she or he has about your attendance to your practice tutor. In such situations your practice tutor will review your progress and conduct on the module to establish whether any action is required.

Month		Year			
Date	Actual hours learning in practice	Annual leave/ sickness/absence	Student signature	Supervisor signature	Learning for practice hours (i.e. using module resources and preparing to apply learning to practice)
1					
2					
3					
4					
5					
6					
7					

To be submitted to your employer

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Month		Year			
Date	Actual hours learning in practice	Annual leave/ sickness/absence	Student signature	Supervisor signature	Learning for practice hours (i.e. using module resources and preparing to apply learning to practice)
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

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Month		Year			
Date	Actual hours learning in practice	Annual leave/ sickness/absence	Student signature	Supervisor signature	Learning for practice hours (i.e. using module resources and preparing to apply learning to practice)
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

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Month	Year	
Monthly totals	Learning in practice hours	
	Learning for practice hours	
	Annual leave/Sickness/Absence (complete if appropriate)	

This is a true record of module hours. **Student signature** (in full) _____ Date _____

This is an accurate record. **Supervisor signature** (in full) _____ Date _____