ATTENDANCE RECORD

PART _____: PLE _____ (Sheet ___ of ___)

Student Name and ID	
Module Name	
Programme and year	
Field of Practice	
Practice learning environment	

Week No	Week beginning	M	T	W	T	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12.5	12.5	DO	DO	37.5	S. Nurse
						Total number of hours				

See section 1.7.1 for maximum hours worked per week

Key: U=University   DO=Day Off

C=Compassionate leave   S=Sick   A=Absent (not sick)

Date ____/____/____	*Student Signature:*	*Practice Assessor/ Supervisor Signature:*