

ATTENDANCE SHEET

**PRE-REG NURSING, MIDWIFERY, RADIOGRAPHY, PHYSIOTHERAPY, OCCUPATIONAL THERAPY,
DENTAL, ODP & PARAMEDIC PRACTICE**

Surname Forename

Student Number

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Month

Year

Date (Day of Month)	Shifts		Total Hours Worked/ Sick	Code	Clinician / Mentor Full Signature to verify time worked	Shift worked with mentor (Initials) (for Nursing, Midwifery & Dental Cert HE students only)	Code
	Time Started	Time Finished					
1st							ND – Night Duty DO – Day Off AL – Annual Leave S – Sick A – Absent U – University / Theory P – Placement Hours Relate to placements only and should include the time started and finished. Please note that you must subtract your meal break from the total hours worked column. Hours per week Nursing 37.5 Midwifery 3yr 37.5 Radiography 28 Physiotherapy 37.5 Occ Therapy 37.5 Dental 22.5 ODP 37.5 Paramedic 37.5
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3rd							
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31st							
Student Signature MUST BE DATED						Date	
Practice Mentor / Educator / Supervisor's Signature MUST BE DATED						Date	

The form should be signed by the student and countersigned by the Practice Mentor / Educator / Site Co-ordinator each month. In addition they will be checked by the Academic Mentor at the end of the tripartite meeting (nursing / midwifery) / at the end of the placement (OT) / at the final bipartite meeting (DR).

School of Health & Social Care

Note: Nursing/Midwifery/DR/Dental/ODP - the student must keep a copy of the completed "Student Attendance Sheet" in their portfolio as well as submit a copy of this with their travel expense form to verify eligibility of claim. OT/PT – the original must be submitted with the Assessment Form and a copy submitted with travel expenses